MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5700

CERTIFICATE OF DEATH

05657

Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z 3. NAME OF 4. DATE First Middle Month DECEASED DEATH (Type or print) 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 121 8. DATE OF BIRTH 6. COLOR OR RACE Months Days Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work of work p. m. 195 & that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 2,30 AM, from the couses and on the date stated obave. olive an DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF (Stote) EUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No

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(County)

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗔

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(State)

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12. CITIZEN OF WHAT COUNTRY?

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please e. shauld	<u>(M)</u>	1.	PLACE OF DEATH Items 8,9 & 16, Film G-230 a. COUNTY Co. STATE Co	e before admission)
ury,			b. CITY OR TOWN [If outside corporate limits, write RURAL and good give necres form) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and good give necres form)	ive nearest town)
Cesson P.		_	Rural-Brunswick Park Forest	5/X-3
director	00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 312 Shawnee	e. IS RESIDENCE ON A FARM? YES NO
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nd 3	0 70%	100	during most of warking life, even if refired)	N OF WHAT COUNTRY?
2, or y be and		-	Louisville, Ky. U.S. D. FATHER'S NAME	A
es 1, 2 5 may iges 1		-		
po de bo			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s. ng. gr unknown) 1 If yes, give and gr deles of sovies 1 Address	
E S & E		1101	Yes Wawa TT 401-09-0453	
Wiff GA3.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
em 18 form i			PART I. DEATH WAS CAUSED BY: Multiple fractures and injuries 86/× Multiple fractures and injuries	OTHER PROPERTY.
in It	V		Conditions, if any, which)	
pencil pencil plang v			gave rise to immediate cause (a), stating the underlying Cause last.	
in in in s		z	AND II OTHER SIGNASCIANT CONTRIBUTION TO DEATH OF THE PROPERTY	(a) 10 WAS ALITOPSY
ing.	2	ATIO		PERFORMED?
d 'pend miner's		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	1.00
the warrical Exc	10	MEDICAL	20c. TIME OF INJURY Month, Day, Year Volume of Injury OCCURRED Volume of While of work of two	
WA.				K, and find that
Chie			deoth resulted from: Noturol couses, Accident, Suicide, Homicide, Undetermined cause	
MEDIC, rtificate to the DIREC			ACTUAL BLOTHISTICAL EXAMINER	DATE SIGNED
Led Ped	i h		EXAMINER'S	00 7070
DEPUTY ute the ce arwarded FUNERAL	E ol	-	NAME (Type) Dr. B. O. Thomas DEPUTY MEDICAL EXAMINER 1 May	20, 1958
cot of or other or other other or other ot	5	1	C. BURIAL, CREMATION, 226. DATE PERSON 8 220. NAME OF CHATCHY OF CHATCHY STATE HOME ST. MATHEWS	(State)
VS. A15ME(5))	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS PAUL LA TRUTE DATE AV 26 158 COMMENTARY SIGN	ATURE .
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2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

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requires that the death certificate be executed

moy be retained by the FUNERAL DIRECTOR page 3 should be detoc

1, PLACE OF DEATH b. COUNTY Frederick Unk MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Frederick Since 6/39 Headville d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION
Maryland Odd Fellows Home d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K NAME OF First Middle 4. DATE Lost Month Day Year DECEASED OF DEATH MARGARET BRENT 19 58 (Type or print) Mav 16 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Female Days White 26 May 1863 WIDOWEDI DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home Leesburg, Virginia USA FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Nichola Catherine Osborn 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address No Maryland Odd Fellows Home Records None INTERVAL BETWEEN ONSEL AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Day, Year (County) factory, street, office bldg., etc.) Hour a. m. Not while at work at work May 16, 1958, that I last saw the deceased 21. I certify that I attended the deceased frag and that death accurred at 10:30PM, from the causes and an the date stated above. DATE SIGNED ACTUAL Frederick. Maryland SIGNATURE PHYSICIAN'S William M. Smith, M. D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 5-20-58 Mount Olivet Cemetery Frederick, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

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MARYL	AND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	566	39 (ERTIFICATE	OF	DEATH	

05663
Reg. Dist. No.

	1) PLACE OF DEATH o. COUNTY Hraderick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY (1)			
-	FIGGOLION	Maryland Carroll			
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)			
	Frederick 3 days	Rural Woodbine 06x-2			
2	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
7	Frederick Mem. Hosp.	Winfield YES NOT			
	3. NAME OF First Middle	Last 4. DATE Month Day Year			
	(Type or print) Le 1204 13	uckingham DEATH May 27, 1958			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
ĸ,	male white widowed DIVORCED	7-12-1887 lost birthday) Months Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	Retired Hotel Employe	ee Maryland U.S.			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Nelson Reid Buckingham	Sarah A. Deckenbaugh			
		INFORMANT Address			
9	yes (If yes, give wor or dates of service) 146-18-5203	Mrs. Ray Brown, Same			
Н	1B. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Courte	Imorran edema ONSET AND DEATH			
	420.0 DUE TO 2				
	Conditions, if any, which) (b) (livrongle-	The Seart dines 3 mm +			
n	gove rise to immediate				
	codes (a), stating the <u>under-</u> lying cause lost.				
		JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES IN NO IX			
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I ar Port It of item 18.)			
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)			
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED White Not while of work of work	factory, street, affice bldg., etc.)			
	21. I certify that I attended the deceased from 5/37	1957, ta 5/27 1958, that I last saw the deceased			
	- 100				
	dive on 122, and mai dea	th accurred at ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNED			
	ACTUAL / /	4/= Chusci Cx (7/12/15)			
	SIGNATURE / FENTY V. Maise	M.D. The Columbia			
	PHYSICIAN'S Henry Villase	Fredrick Ind			
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote)			
	BURIAL 5-30-1958 Ebeneze:	r Carroll Co., Maryland			
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			
	C. M. WALTZ Winfield Maryland DATE JUN 2 58 COnfeduch				

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VS. A15ME(5) 5M 9/55 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
5703MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

		Keg, Dist. 140.
)	1. PLACE OF DEATH O. COUNTY REPERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. STATE b. COUNTY b. COUNTY b. T. M. R.P.
	b. CITY OR TOWN (If ourside corporate limits, write RURAL on give peorest town) Orunnamics	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BU (+ MAPP4) 355
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	842 Pleasant Plain Ave ves 1 NO DE
	3. NAME OF First Middle (Type or print) DNALD A CH	Lost 4. DATE Month Day Year OF DEATH May 20 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. MALE WHITE WIDOWED DIVORCED	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR UNDUSTED during method yarking life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME Albert E. Chalmers	14. MOTHER'S MAIDEN NAME V. SM: +6
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes topo, of unknown) (If yes give war or doles of service) ACT VP UNING WAN A	PORMANT Address 8427 Pleasant
	PART I. DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULT IPLE	EXT RE MAS TALTERS ONSET AND DEATH
V	School Due to	TALANDE LANGE
	gave rise to immediate cause (a), stating the underlying DUE TO	
5		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	ter nature of injury in Part t or Port tt of item 18.)
7	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC foctor	E OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State) y, street, office bldg., etc.)
	21. I certify that I took charge af the remains described above	
	death resulted from: Natural causes , Accident , Suic	ide [], Homicide [], Undetermined cause [].
5	SIGNATURE EXAMINER'S A SOLUTION	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 5
-	220. BURIAL, CREMATION, 22b. DAYE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY , 22d, LOCATION (City, town, or county) (State)
	123. FUNIFIAL DIFFERENCE SEGNATURE / 1 ADDRESS /	Mem, Part Baltimore Co. Md.
	IV.W. Mambers, Wash, &	MAY 2 3 '58 Cle couch

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-	MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH	05665 Dist. No.
4	DPLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY F	idence before admission)
-	b. CITY OR TOWN (If outside corporate limits, write RU and give neorest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL of	and give nearest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (IF IN	at in hospital, give street oddress)	d. STREET ADDRESS 7 East 15th Street	e. IS RESIDENCE ON A FARM? YES NO X
-	3. NAME OF OCCASED (Type or print) EVELYN	Middle	Last 4. DATE Month OF DEATH May	Day Year 30, 1958
		MARRIED NEVER MARRIED 6.	DATE OF BIRTH September 16, 1913 44 yrs. September 16, 1913 44 yrs.	ER 1YEAR IF UNDER 24 HRS. Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Housewife	106. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME Charles W. S	Stitely	14. MOTHER'S MAIDEN NAME Grace Grinder	
	15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) No (If yes, give wer or dates of servi	(ce) Timbe	ormant Address Lewis Clark, Jr Same as I	[tem #2
	Conditions, if any, which gave rise to immediate couse (o), stoling the underlying cause lost. DUE TO DUE TO (c)	Massive Cerebral H		INTERVAL BETWEEN ONSET AND DEATH 12 Hours
)	20g. EXTERNAL CAUSE WAS 20b. 6		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. p. m. 19	20d. INJURY OCCURRED 200. PLAC		County) (State)
	21. I certify that I took charge of death resulted from: Natural car		ve, held an Autopsy, Inspection 🔼, Inquiride, Undetermined cause [iry 🔼 and find that
)	ACTUAL BOHLOW	nas/	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Dr. B. O. Thom		ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	5/31/58
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial June 2,195) (State) Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	Frederick, Marylan	240. REC'D BY REGISTRAR 24b. REGISTRAR'S S	SIGNATURE

VS. A15ME(5) 5M 9/55

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	A	DEPARIMENT	OF	HEALTH—BALTIMORE,	18

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1. PLACE OF DEATH o. COUNTY	rederick			MARYLAND	2. USUAL RES	_	ere deceased liv	b. COUNTY	en: Residenc		odmiss	ion)
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dural- My				rears	-	-	ersvil	le				
OR INSTITUTION	TTAL (If not in hospitol, of	give street	oddress)		d. STREET Rout						ON A	FARM?
3. NAME OF DECEASED	Fi	rst		Middle	Lo	ast	4. DATE OF	Mon	th	Day		Year
(Type or print)	JOHN		OTHO)	CLINE		DEATH	May	7	7		1958
5. SEX	6. COLOR OR RACE	7. MARS	RIED X NEVER	MARRIED [8. DATE OF BIR	TH	9. /	GE (In years ast birthdoy)	IF UNDER		FUND	R 24 HRS.
male	white	WIDOW	ED D	IVORCED 🔲	Decem	ber 1	. 1876	07	Months	Days	Hours	Min.
100. USUAL OCCUPAT during most of wo Farmer	ION (Give kind of work orking life, even if retired	done 10b.		iness or indu		_						COUNTRY
13. FATHER'S NAME		ue.	II. Pal	штия		S WAIDEN V	ck Co.	Ma .	I U,	S.A		
	siah Clin	_						1-				
	ER IN U. S. ARMED FOI		SOCIAL SECUL	DITY NO. 117	INFORMANT	uzell	a Shan	Addr	***			
{Yes, no. or unknown]	(If yes, give war or dates of	service]				~~.		.,				
no			9-36-4		rs.Viol	a CI1	ne, My	ersvi	Lle,	Md.	Ri	# 2
	EATH [Enter only one co	ouse per li	ne for (a), (b),	ond (c).]	3	1-		~1	7	INTER	VAL BE	TWEEN DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE () (ande	0 - 1	dual"	- 1) ac/	ou Car	OLA	FARO	2	· L	wa
1442)	DUE TO										1	
Conditions, if	ony which)	. (7 6 10	TIA. C. 1	Gox	LAZ.	color or	11-		- 19		
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lying cause lost	g the <u>under-</u>											
	THER SIGNIFICANT CON	NDITIONS (CONTRIBUTING	TO DEATH BU	T NOT RELATED T	O THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART		PERFC	RMED?
5											YES 🔲	NO 🗆
PART II. O PART II. O PART II. O OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	IJURY OCCURRI	ED. (Enter nature	of injury in I	Port I ar Part II o	of item 18.)				
20c. TIME OF INJU			NJURY OCCUR	1 4	LACE OF INJURY			lown)	(C	ounty)		(State)
Hour o.m.	10	While of wor			, c. c. ,	ce olag., elc						
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PHYSICIAN'S NAME (Type)	//~.	15	1771 e	RHA	ARP		gan dhalancanh dha aga dha aga gan gan					
220. BURIAL, CREMATI	ON, 22b. DATE THERE	OF	22c. NAME	OF CEMETERY C	OR CREMATORY		22d. LOCATION	(City, town, c	or county)		(Stot	e)
Burial (Specif		1958	The state of the s	aul's	Luther	an	Myersv	ille J	red.	Co.	Md	
23. FUNERAL BARECTO	R'S SIGNATURE	11	ADDRES			240. REC"	D BY REGISTRAR	24b. REGIS	TRAR'S SIG			
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MARKENED STATE DEPARTMENT OF HEALTH BALTIMORE,

VS A15 (4) 15M 9/55 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5795 CERTIFICATE OF DEATH

Reg. Dist. N. 5668

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	PLACE OF DEATH	ederick		MARYL	AND	2. USUAL RESID		here decease		institutio OUNTY	n: Residen		-	on) erick
		outside corporate limit	s, write	c. LENGTH OF STAY II	V 16	c. CITY OR T	OWN (If o	outside corpo		write RL	RAL and	give near	rest fown)
	Jeffe	rson		3 W	eelt	s×	Jeft	ferso	n					
		AL (If not in haspital, g	ive street	address)		d. STREET A	DDRESS							DENCE FARM? NO
3.	NAME OF	Fir	ıt	Middle		Lost		4. DATE		Mont	h	Do		eor
	DECEASED (Type or print)	Ralph		Melvi	n	Crone		STOEATH		5		6		5 8
5.	SEX	6. COLOR OR RACE	7. MARE	RIED T NEVER MARRIED	D I	B. DATE OF BIRTH	1		9. AGE (Ir	n years	IF UNDER	TYEAR	IF UND	R 24 HRS.
	male	white	WIDOW		_	12/4/18	398		lost pirt	thdoy)	Months	Days	Hours	Min.
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	labo	rer	0	as compan	V	Marv	land					II.	S.	
13.	FATHER'S NAME			2.		14. MOTHER'S	MAIDEN I	NAME					,	
	Robert	H. Crone	2			Mar	vV.	Ston	e					
15				SOCIAL SECURITY NO.	117 IN	FORMANT				Addre			•	
(Ye	s, no. or unknown)	If yes, give war or dates of si	ervice) _	0-10-5178			ande	Cron	e. J		erso	n. 1	Md.	
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		TH WAS CAUSED BY:		ne for (p), (b), and (c).]	,,,	Or.	Pup	1.0-					RVAL BE	
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	lying couse last.	he under-	A	Two to	Ter	rans	my	10 car	duf	Du	fand	2/	2	MU
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITI	ON GIV	EN IN PAR	T 1(a) 15		AUTOPSY
ĕ													-	RMED?
õ													152 []	NO []
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter nature of	f injury in	Port I or Por	t II of item	18.)				
MEDICAL	20c. TIME OF INJURY	Y Month, Doy, Yes	or 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm	n. 20f. (Cit	or town)		10	County)		(Stote)
ă	Hour o.m.		While	Nat while		tory, street, office					,	,,		(0.0.0)
W	p. m.	19	at wor	k at wark	,									
	21. I certify th	at I attended the	deceas	ed from	au	195	/, ta	Man	16.	19 5	that I	last sa	w the	deceased
	alive on	May 5	19	58, and that	death	accurred at	291	A.M. fre	m the ca	uses a	nd an t	he dat	e state	d abave.
			0	7				ADDRESS (S						TE SIGNED
	ACTUAL SIGNATURE	0.	, K	Drice		A.D.	16	Love	150	m	/		5	16/-
		7 -	garage .	120.0	-	- ()	V							12
L	PHYSICIAN'S NAME (Type)	1		JAIC										
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City.	, town, a	r county)		(Stot	e)
	REMOVAL (Specify)	5/9/10	958	Reformed	Ce	meterv		1/	rbbi	eta	wn./	Md -	- 1	
23.	FUNERAL DIRECTOR'S		100	ADDRESS			24a. REC	D BY REGIS	TRAR 15 824				Ela	
	adhill	Company,	Mid	dletown,	Md.			MATT	2. 00.	V	wile.	X OUT	- N	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05669

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, if may the ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of threath, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

	570	CAL LA	411111451	JULICIA			Reg. Dist.	No.	
PLACE OF DEATH	rederick	0	MARYLAND	O. STATE	NCE (Where dece	ased lived. If institution b. COUNT	Y	before odmissio	on)
and give nearest town		URAL C. LENGT	H OF STAY IN 16	111		rporote limits, write F.D.#1-Ru		e neorest town)
d. NAME OF HOSPITA	AL OR INSTITUTION (If n	not in hospital, give s	treet oddress)	d. STREET ADD		1 01/0// 12-100	I OLL	e. IS RESI ON A YES	FARM?
R. NAME OF DECEASED (Type or print)	First EVELY	N	MARTE	DELAUDI	4. DATE OF DEATH	Mont May		lo, 19	58
i. SEX Female	6. COLOR OR RACE 7.	MARRIED NEV	ER MARRIED DIVORCED	8. DATE OF BIRTH March 18,	1916	9. AGE (In years lost birthday) 42 yrs.	IF UNDER 1YE Months Day		24 HR Min.
0a. USUAL OCCUPATION during most of workin Labore:			Company	STRY 11. BIRTHPLACE	(Stote or foreign			SA	DUNTR
13. FATHER'S NAME	las V. Stock	man		14. MOTHER'S MA		Brandenb	urg		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE If yes, give war ar dates of serv	16. SOCIAL SEC 218-24		r. Silas V	. Steckm	an- Same		#2	
	TH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b),	1 1	Chest	·		1	NTERVAL BETWEEN ONSET AND DEATH	4
Conditions. if o gove rise to immed (o), stoting the	liote couse	Frank	ine of	right	wis.	ne	1	Les	4/_
PART II. OTH	(c)	TIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE	E TERMINAL DISEA	ASE CONDITION GI	VEN IN PART 1(c	PERFORA	NO X
PART H. OTH	USE WAS NTRIBUTING 206.	DESCRIBE HOW INJ	URY OCCURRED.	(Enter noture of injury		11 of item 18.)			
20c. TIME OF INJUING HOUR O. m.	Month, Day, Yeor	20d. INJURY OC While Not of work of v	while o	ACE OF INJURY (Homotory, street, office bld	lg., elc.)	Hanous	(County)	on interes	(Stote)
	nat I took charge o resulted fram: No				_	Inspection			in m
ACTUAL SIGNATURE	BUTho	ma	1	M.D.	CAL EXAMINER		~	DATE SIG	OBNE
	Dr. B. O. Th			DEPUTY ME	MEDICAL EXAMINER	T	3/17	158	
Burial	May 13,19	58 Rec		gs Cemeter	y F	ATION (City, town, rederick	County,	(Stote) Varyla n	d
23. FUNERAL DIRECTOR	s signature ison & Son,	ADDE	RESS		ATE MAY 1 3	STRAR 246 REG	ISTRAR'S SIGNA	TURE	

MARYEAU STAIR DEPARTMENT OF HEALTH HALTHMORE TO

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VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5672 **CERTIFICATE OF DEATH**

		567	2 CERTI	FICAT	E OF D	DEATH			R	leg. Dist.	156	70
o. COUNTY	Frederick		MARY	- 11	o. STATE	Maryl					efore admi	ssion)
b. CITY OR TOWN RURAL ond give r	(If outside corporate lim nearest lown)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If ou	tside corp	orote limits,	write RUR	AL ond give	nearest lo	vn)
Frede			Years		10		eracl	C				
OR INSTITUTION	est 12th St		oddress}		d. STREET A	202 We	st 12	2th St	reet		ON	A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Los	it	4. DATE OF		Month		Day	Yeor
(Type or print)		ENNA	MAR	-		RDING	DEATH		May		21,	1958
i. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 8. 1	DATE OF BIRTI	Н		9, AGE (In		Months Day		
Female	White	WIDOWI			April	1. 192		36	yrs.		11007	77.117.
Oa. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTR	Y 11. BIRTHPL	ACE (Stote o	r foreign o	country)		12. CITIZEN	OF WHA	T COUNTRY
Housewi			Iome		Max	ryland					USA	
3. FATHER'S NAME		, IIIA			14. MOTHER'S	MAIDEN NA	ME					2
F	rank G. Rem	sberg				M.	arie	Renn				
5. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.		17. INFO	DRMANT			-	Address			
No. no. or unknown)	No.	service)	6-22-9202	Wr.	Samue	F. D	ateri	ling_S	ame s	e ite	m #1	
	ATH [Enter only one co	ouse per li			Dana.		COCI	TITE-D	CALLO C		NTERVAL	ETWEEN
	ATH WAS CAUSED BY:		0 0	001	Pm x a		0	0 - 50			NSET AN	D DEATH
1750			Inally	LR I	wee	won	Carc	· ·		,	J /11	05.
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Conditions, if	immediate	b) Can	arpeara	cerca	Ca	ou	ory				57.2	00
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lying couse lost.		c)									T	
PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	THER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMIN	IAL DISEAS	SE CONDITIO	ON GIVEN	I IN PART 1(c	PERF	ORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CURRED. (Enter noture o	f injury in Po	ort I or Po	rt II of item	18.}			
20c. TIME OF INJU Hour o. m.	RY Month, Doy, Ye		JURY OCCURRED	20e. PLACE	OF INJURY	Home, form,	20f. (Cit	y or town)		(Coun	ity}	(Stote)
Hour o. m.	19	While of wor	Not while	foctor	y, street, office	a bldg., etc.)				4	Tal's	la la
					1058	. 2	1 me	44	.50			
100	hat I attended the					7.754						e decease
alive on 40	27/1009	19	by, and that	death o	ccurred at							
ACTUAL (1)		IDA	10.	_/		A	DUKESS (:	Street, city or	734			ATE SIGNE
ACTUAL	Lactes / N	W.	rugg	M.E	MERK!	*****	SONE	y rro	ressi	onal.	Bullag	•2/23/
PHYSICIAN'S NAME (Type)	Dr. C. H. C	Conley			Free	derick	, Mar	yland				
	ON, 226. DATE THERE		22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCA	TION (City,	town, or o	county)	(St	ote)
BUTTAL Specify	May 23,	1958	Mount Ol	ivet	Cemeter	ry	Fre	deric	k,		Maryl	and
3. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			24a. REC'D	BY REGIS	TRAR 24b	. REGISTR	AR'S SIGNA		
M. R. Et	chison & Se	n, Fr	rederick, M	aryla	nd	DATE			1	- 1	7	
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MATELIAND STATE DEPARTMENT OF HEALTH—BASTIMORE, 18 OF OF DEATH

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			DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7	567	3	CERTIFICATE	OF	DEATH	

05671 Reg. Dist. No.

1. PLACE OF DEATH					ISUAL RESIDENCE (V	Where decease	d lived. If instituti	on: Reside	nce befare	odmissi	on)
Fereder	ick		MARYLANI		Marv	land		Frede	rick		
b. CITY OR TOWN (I RURAL and give no	f outside corporate limitorest lown)	ts, write	c. LENGTH OF STAY IN 11	b	CITY OR TOWN (II			URAL and	give near	est town	
Frederic	k		10 years	/		rederic	k .				
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)	1	d. STREET ADDRESS					. IS RESI	DENCE FARM?
			ic Hospital								ио 💆
3. NAME OF DECEASED	Fire	st	Middle		Lost	4. DATE	Mor	ith	Day	Y	eor
(Type or print)	MARTIN		L	nl	EVILBISS	DEATH	May	3		1	958
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED] 8. DA	TE OF BIRTH		9. AGE (In years lost birthday)	-	RIYEAR		
Male	White	WIDOW	ED DIVORCED	Mar	23,1882		75 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SIO	te or foreign	country)	12. C	ITIZEN OF	WHAT	COUNTRY
Farmer	ing life, even if retired	1 -	n Farm		Marvlar	h			U.S.	Δ	
13. FATHER'S NAME		1 OV	iti Latin	14	MOTHER'S MAIDEN				0.0	4220	
	- D1714-						.4				
15. WAS DECEASED EVE	s Devilbis		SOCIAL SECURITY NO. 117	INFOR	Laura E	suiling	ton Add				
	(If yes, give war or dates of s	ervice)		. HALOK	MOIAI					ug:	Pa.
no		Jŧ	Inknown	Mrs.	Elmer Kri	ise, 36	5 E. Kin	g St.	, Li	ttle	stown
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne far (a), (b), and (c).]		0	1			INTER	RVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Mulacard	lin	I du	Lace	N		01432	7	rus.
420.1	DUE TO										
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Conditions, if o	mmediate		ange un	de	and see	3				7	
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lying couse lost.) (c								1		
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	VEN IN PA	RT 1(o) 19	PERFO	RMED?
3											NO B
PART II. OTH	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RRED. (En	ter noture of injury i	in Part I or Po	rt II of item 1B.)				
UIF EITHER, NOTIFY	MEDICAL EXAMINER)	0.0									
	Y Month, Doy, Yes	or 20d I	NJURY OCCURRED 20e.	PLACE	F INJURY (Hame, fo	rm. 20f. (Cit	v or town)		(County)		(State)
20c. TIME OF INJUR Hour a. m. p. m.	19	While	Not while		street, affice bldg., e		,,		(000)		(5.5.0)
p. m.	ly.	of wor	k al work								
21. I certify th	at I attended the	deceas	ed from apr	25	, 1958, ta	May	2 , 19-58	_,that !	last say	w the	deceased
alive on	May 2	12.	F and that dec	ath acc	urred at						
	41.1	/	, , ,				Street, city or town,				TE SIGNE
ACTUAL SIGNATURE	1 XIV	0%	11		7.71.m	under	Pt Tr	die	00 7	ne i	Mus
SIGNATURE	11	~		M.D.		7,000	-9			,	70
PHYSICIAN'S NAME (Type)	HORA	CE	F. Klin	E			n de en en sir joir de en en en en en en en en				
220. BURIAL, CREMATIC REMOVAL (Specify))F	22c. NAME OF CEMETER	Y OR CRE	MATORY	22d. LOC/	ITION (City, town,	or county)		(Stote)
Burial	May 6.19	58	Middleburg	Ceme:	terv	Middl	eburg, M	arvla	ind		
23. FUNERAL DIRECTOR			ADDRESS		240. RE	C'D BY REGIS	TRAR 24b. REGI	STRAR'S S	IGNATURE	E	
nerwyn		m	nevtown Mary	Tand	DATE	18V C	58 908	1	L		
Merwyh C	- 4025	المقال	reviour, marry	Land		CAT O	10 1 712	200	-		

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100	D		MEDICAL EXAMINER'S CERTIFICATE OF DEATH S707 Item 9 FilmG229 6-2-58 et Reg. Dist. No. 05672
please 4 should	6	1	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Franklin
Poge.	V	/	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Rural - Brunswick c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Colombus
y is nec lirector. les.	0	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS ON A FARMA YES NO P
ny dela unerol d your fil			3. NAME OF DECEASED (Type or print) James LeRoy Middle Dickson A. DATE OF May Month 20 Doy 1958 Dickson
h. If on the fund for the re			5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH May 11, 1914 9. MGE (In years IFUNDER 1YEAR IF UNDER 24 HRS Manits Days Hours Min.
ond 3 the be retained and 2 will			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stote or foreign country) 14. BIRTHPLACE (Stote or foreign country) 15. A.
es 1, 2, 5 moy b			13. FATHER'S NAME Hilton T. Dickson 14. MOTHER'S MAIDEN NAME Augusta Kammer
Give Page 3. Poge 5.			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. 20 of unknown) (If yes, give war or dates of services) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
tree 18. Gi h form PM3.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BOLY DUE TO INTERVAL BETWEEN ONSET AND DEATH
hauld be en pencil in clong with buriol-tro			Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (c)
ficate ding" is Office sed os		2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pend' pendimer's			200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CONTRIBUTION CONTRI
the worlicol Exertiscol Exertiscol	1	0	20c. TIME OF INJURY m Month, 200 Yeers 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.) Rural Frederick Md.
MI			21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection 1. Inquiry 1. and find the
N K			death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
MEDICAL rtificate, to the Cl			ACTUAL SIGNATURE ACTUAL M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
the cer arded t	moval.	2	EXAMINER'S Dr. B.O. Thomas ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER May 20,1958
cute forw TO FUI	0 70		220. BURIAL CREMATION. 22b. DATE THEREOF PREMOVAL (Specify) Shipped May21-58 22c. NAME OF CEMEJERY OR CREMATORY (Stote) Colombus, Ohio
VS. A15ME	(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240- REGISTRAR'S SIGNATURE DATE MAY 2 6 '58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ST 390MIT ACHTER DEPARTMENT OF LEARTH—SALTIMORE, THE HEALTH OF LEARTH—SALTIMORE, THE HEALTH OF LEARTH OF L

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executed within 24 hours after death. Page

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completely filled Poges 1

has been signed by the attending physician and requires that the death certificate be

os the buriol-tronsit or removal.

the registrar prior to buriol, TO FUNERAL DIRECTOR: page 3 should be detached

within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3	56'	74 CERTII	FICA	TE OF DEAT	Н		Reg. Di	st. No.	()56
1. PLACE OF DEATH o. COUNTY	Frederick		MARY	AND	2. USUAL RESIDENCE (W a. STATE Maryla		d lived. If instituti b. COUNTY		ce before		ian)
RURAL and give r	(If autside carporate limi nearest lawn) PICK	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF		orate limits, write f	URAL and	give near	est town	1)
OR INSTITUTION	TAL (If not in hospitol, s t Patrick S		•		d. STREET ADDRESS	East P	atrick S	treet	e	ON A	FARME
3. NAME OF DECEASED (Type or print)	Fir ELM		Middle EUG	ene	DIXON	4. DATE OF DEATH	May		0 ₀ y	,	Yeor 8
5. SEX Male	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	_	May 21, 18	76	9. AGE (In years 81 birthday) yrs.	IF UNDER Months	1 YEAR Days	Hours	ER 24 HRS Min.
10a. USUAL OCCUPATI during most of wor Partner &	rking life, even if retired)	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHPLACE (Stote Maryl		auntry)	12. CIT	USA	WHAT	COUNT
13. FATHER'S NAME	Thomas 0.	Dixe	n		14. MOTHER'S MAIDEN	NAME a Hite	shew				
	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		FORMANT S. F. Russel	l Youn	Add		em #:	1	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	angin	i							TWEEN DEATH
Canditians, if a gave rise to cause (a), stating lying cause last.	the under-	a	Interos	ile	reter va	sont	Pardie	1822	5	yn	i- +
PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR		PERFO	AUTOPSY PRMED?

CERTIFIC MEDICAL

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year Hour o. m Nat while at wark at wark

20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) 20f. (City or town) (County)

(State)

21. I certify that I attended the deceased from

52, that I lost sow the deceased

ACTUAL SIGNATURE

and that death occurred at 6:45 P. M. from the couses and on the date stated above.

ADDRESS (Street, city or town, state) M.D. Professional Building

DATE SIGNED 5/6/1958

Dr. B. O. Thomas 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 226. DATE THEREOF

Frederick, Maryland 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State) Maryland

May 8, 1958 23. FUNERAL DIRECTOR'S SIGNATURE

Mount Olivet Cemetery

M. R. Etchison & Son, Frederick, Maryland

Frederick. 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE 8 '58

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	•	5675	CERTII	FICA	TE OF DEAT	H		Reg. Dist	. No.	056	574
ACE OF DEATH COUNTY	Frederick		MARYI	- 11	2. USUAL RESIDENCE (W. o. STATE Marvl.	ALC: NO	d lived. If institution b. COUNTY	on: Residence			
RURAL and give n	If outside corporate limi		week	IN 16	c. CITY OR TOWN (IF	outside corpo	prate limits, write R				
OR INSTITUTION	TAL (If not in hospital, glerick Memo)				d. STREET ADDRESS					IS RESIDE ON A FA YES N	RM?
AME OF CEASED (pe or print)	Elsie		Middle eona	Dixo	Lost	4. DATE OF DEATH	Mon M8		Day 9th	Year	58
Female	6. COLOR OR RACE White		NEWSCHWARES	7.	Jan. 18-189	9	9. AGE (In years last birthday) 59 yrs.	Months		1	Min.
USUAL OCCUPATION Seamstre	king life, even if retired		of BUSINESS OF		Naryland	e or foreign c	country)		U.S.	WHAT CO	DUNTRY?
THER'S NAME					14. MOTHER'S MAIDEN	NAME					
Willar	rd R. Hall				Lillie A	. Fox	(living)				
	ER IN U. S. ARMED FOR		L SECURITY NO.	. 17. INF	ORMANT		Addr	ess		-	
No	(ii yes, give wor or during or u		18-2421	For	est M. Dixo	n- New	Market-N	id. (H	usba	nd)	
	ATH [Enter only one co				-		2000			AL BETW	EEN
	ATH WAS CAUSED BY:	A stani		olisi	u Cerebral	and fo	ountal av	teries	ONSET	AND DE	ATH
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lying couse last.	,) (c	ola			heart d				app	, ()	15-1/2
		DITIONS <u>CONTR</u>	IBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART		WAS AUT PERFORMI ES N	ED?
0a. ACCIDENT W. DR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	CCURRED.	(Enter nature of injury in	Port I ar Par	t II of item 1B.)				
Hour a.m. p.m.	RY Manth, Day, Yea		Not while	20e. PLAC focto	E OF INJURY (Hame, fare bry, street, affice bldg., et	m, 20f. (Cih c.)	y or town)	(Co	ounty)		(State)
1 certify t	hat I attended the	deceased fr	am May 1	4	1956 ta	Vay 2	9 1058	that I lo		the de	conned
alive an	4 ay 28	19 58		death o	accurred at 2:40	A.M. fran		nd an th		stated	
CTUAL IGNATURE	Raph d.	Mich	8	м.	o. Fred		Shopping	16.	r		3101450
HYSICIAN'S IAME (Type)	Dr. Ralph L	. Michel	Ls		Fred	erick-	Maryland				
BURIAL, CREMATIC	ON, 226. DATE THEREC)F 22c.	NAME OF CEME	TERY OR	CREMATORY	22d. LOCA	TION (City, town, o	r county)		(State)	
Burial	May 31-19	958 N	it. Olive	et_Ce	meterr	F	rederick-	Marvl	and		
E. Clin	es signature Le 4 Son	Time	ADDRESS ederick-		24a. REC	JUN 2		TRAR'S SIG			
						Wylt -		.,			

VS A15 (4) 15M 9/5S

MARY LAND STATE DEPARTMENT OF HEALTH-BALTIMORE, IS HYASO BO STADRINGO TO SATH. Inches I Laborated to be To acres and and and acres and LEVILLE No. Oct LEVILL The Allenda State of the State Country and the Country of the State of atological diction of participation - boniya - balancery

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5676 CERTIFICATE OF DEATH

Real Dist. No 05675

									wan nisi	. 140.	
1. PLACE OF DEATH			A4 A B	YLAND	2. USUAL RESI	DENCE (Wh	nere deceased lived	I. If institution			nission)
Fr	ederick					Mary	land		Frede	rick	
b. CITY OR TOWN (I RURAL and give no	foutside corporate limi	its, write	c. LENGTH OF STAT	IN 1b	c. CITY OR 1	OWN (If o	outside corporate li	mits, write R	URAL and gi	ve nearest to	own)
Frederick	diesi iowii,		35 Year	2	// Fre	deric	k				
	AL (If not in haspital, (ive street o			d. STREET A	DDRESS		-		e. IS I	RESIDENCE
	Memorial I	lespi	tal		713	Nort	h Market	Stree	t	Or	NO NO
3. NAME OF	Fi	rst	Middl	•	los	1	4. DATE	Mon	th	Doy	Yeor
(Type or print)	JAN	ÆS	WO	COC	FLETC	HER.	OF DEATH	M	ay	8.	19 58
5. SEX	6. COLOR OR RACE				8. DATE OF BIRTI		9. AC	GE (In years	, V		NDER 24 HRS.
Male	White	WIDOWE			Septemb		los	birthday)	Months [Days Hou	rs Min.
100. USUAL OCCUPATIO									12 CITIZ	EN OF WH	IAT COUNTRY
during most of work	ing life, even if retired)						'	12. Citiz		AI COUNTRI
Window De	corator	Pe	eoples Dru	g St		Virgi				USA	
13. FATHER'S NAME					14. MOTHER'S						
Lu	ther K. Flo	etche	r		Alice	Wood					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17. 1	INFORMANT			Add	ress	42.5	
425	MOWI		14-10-1668	Mr	s. Ann H	. Fle	tcher-Sa	me as	Item #	[‡] 2	
18. CAUSE OF DEA	TH [Enter only one co	use per lin	e far (a), (b), and (c)							INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	(Per	stune o	Lak	Amend	Mond	ti ane	wene	n	UNSEI AI	DEATH
45/x	DUE TO	1	1				reviels	-		100	
Conditions if a		01-	0	15) (7 D	0			1100	2
Conditions, if a	nmediate) The	nevacyo	re	vere c	cree	restecc	mi		fee	
couse (o), stoting)								0	
lying couse last.) (0	·									
PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE CON	ADITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY RFORMED?
3											NO 🗆
PART II. OTH	S UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature a	f injury in f	Port I or Part II of	item 18.)		50	
	MEDICAL EXAMINER)										
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	ar 20d. IN	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form	, 20f. (City or to	wn)	(Co	ounty)	(State)
Hour o.m.	19	While	Nat while	fo	ctory, street, office	bldg., etc.	.)				
				07		,	5-0	1-	0		
21. I certify th	at I attended the	decease			, 1958		5 -8				ne decease
alive an_5_	-8	195	S, and tha	t death	occurred at					e date st	ated above
	7.0 0 1	7					ADDRESS (Street,		stote)		DATE SIGNE
SIGNATURE	overs	. 4	imer,	h	M.D. East	Churc	h Street				5/9/58
PHYSICIAN'S NAME (Type) D	r. Robert	S. Tu	mer. Jr.		Frede	rick.	Marylan	d			
220. BURIAL, CREMATIO			22c. NAME OF CEA	AETERY C			22d. LOCATION		or county)	(S	lote)
REMOVAL (Specify)		1958			t Cemete	שיינ	Frede				yland
23. FUNERAL DIRECTOR		-//	ADDRESS	- August V C	o cente de	-	D BY REGISTRAR		STRAR'S SIGN		James
M. R. Etch		Fre		ב [עיין	nd			000	Le Au	/	
M. L. PICH	TROIL & DOLL	, LIG	deliter, me	T ATO	ALIGH	DATE M	A1 1 3 30	1	· 1 scou	WK	

VS A1S (4) 1SM 9/SS

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VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5677 **CERTIFICATE OF DEATH**

05676

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Fre	ederick	MARYLA	2. USUAL RESI	ar yland	lived. If institution b. COUNTY	Residence before	odmission) CK
T	b. CITY OR TOWN (If outside of RURAL and give neares) town Frederic	n)	c. LENGTH OF STAY IN		OWN (If outside corpor		AL and give neare	ist town)
	d. NAME OF HOSPITAL (IF not OR INSTITUTION	in hospital, give street derick M		d. STREET A		100		IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First V	C. Middle	F/00/K	4. DATE OF DEATH	Month May	Doy 27	Yeor 19 5 8
	MI	WIDOW		10-27-	4-1888	69 yrs.	UNDER 1 YEAR II	F UNDER 24 HRS. Haurs Min.
10	a. USUAL OCCUPATION (Give during most of warking life, e	kind of work done 10b. even if retired)	KIND OF BUSINESS OR I	AVA	ACE (State or foreign co	untry)	12. CITIZEN OF	WHAT COUNTRY?
13	FATHER'S NAME	rtin H.F.	look	14. MOTHER'S	MAIDEN NAME Sarah	E.Alexar	nder	
15	. WAS DECEASED EVER IN U. S es, no. or uniquem) (If yes, give	ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT OSCAP F	look,Bruns	Address swick, Mar		
	PART I. DEATH (Enter PART I. DEATH WAS. IMMEDIA PART I. DEATH	DUE TO	ine for (o), (b), and (c).} cute Con twinsole	may the	Jeant &	? creare		YAL BETWEEN T AND DEATH 4 hr.
CERTIFICATION	PART II. OTHER SIGNI 20g. ACCIDENT WAS UNDER	LYING T 20b. DES	CONTRIBUTING TO DEATH					WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER			Nat while	e. PLACE OF INJURY (factory, street, office		or tawn)	(County)	(State)
	21. I certify that I attalive on 5 2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	7 192 nay V. (M.D. 4 E	- Churc ederic	the causes and reet, city or town, sta	d on the date	the deceased stated above DATE SIGNED
27	o. BURIAL, CREMATION, 22b. REMOVAL (Specify) BURIAL	6-30-58	Arnaldst			ION (City, tawn, ar a Burkitts)		(State)
23	FUNERAL DIRECTOR'S SIGNAT	Bruns	wick, Maryl	and	24a. REC'D BY REGISTI	0/	AR'S SIGNATURE	

Tour bull has THE ARCHORNAGE HOST CONTRACTOR Tare Proper Land Bronty ras India Frederick SECTION THE LAND In gonoff so Arebot, L. 117217 or the H. Flack Sarel B. Alexander Ex Green Plock, Trumby oc, Maryland THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY. brainest of the real

7)#1		EDICAL I	TE DEPARTEXAMINE	R'S			III	18 Reg. Dist.	()56'	77
Cremation	1. PLACE OF DEATH	ederick	5708	MARYL		O STATE	NCE (Where deced	b. COUNT			issian)
M	b. CITY OR TOWN (I	f outside corporate lights wri	le RURAL C. 1	LENGTH OF STAY IN				rporate limits, write		e nearest to	wn)
00	d. NAME OF HOSPIT	TAL OR INSTITUTION	(If not in hospital,	give street address)		d. STREET ADD	RESS	her Avenu		e. IS RE	A FARM
	3. NAME OF DECEASED (Type or print)	Ger	trude	Middle	Gl:	iedman	4. DATE OF DEATH	May	_	0	9 58
F	5. SEX emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED		April 4,	.1920	9. AGE (In years	IF UNDER TYE		ER 24 HR Min.
	10a. USUAL OCCUPATION during most of working	ON (Give kind of work no life, even if retired) OUSOWITE	done 10b. KIND	OF BUSINESS OR IN	IDUSTRY	Turloc	(Stote or foreign	country)	12. CITIZEN	OF WHAT	COUNT
	13. FATHER'S NAME	arl Eppste	in		ľ	4. MOTHER'S MAI		8734			
	15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FO (If yes, give war or dates of NONE	PRCES? 16. SOCI	AL SECURITY NO.			stein, M	Address		., Md	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Multi	ple fra	ctw	res and	injuri	es	li C	NTERVAL BETWE	EEN ATH
	Canditions, if a gove rise to imme (a), stating the couse last.	diote cause									
2	PART II. OT	HER SIGNIFICANT CON		BUTING TO DEATH	BUT NO	T RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(c		AUTOPSY RMED?
	20g. EX ENAL CAPRIMARY Or CO CAUSE OF DEATH.	USE WAS NTRIBUTING 21	Ob. DESCRIBE HOV	W INJURY OCCURR	ED. (Enle	er nature af injury	in Part I ar Part I	I af ilem 18.}			
10	20c. TIME OF INJU			Nat while	PLACE foctory	OF INJURY (Hame, street, affice bld	g., etc.)	ly or town)	(Caunty) Freder		(State)
		hat I took charge I from: Natural					- Committee	Inspection , Indetermined o			
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type) DI	B. 0.	Thomas	الله يستعر		ASSISTANT	CAL EXAMINER [MEDICAL EXAMIN DICAL EXAMINE	ER 🔲	May 2	0, 19	958
e e	220. BURIAL CREMATIC REMOVAL STATE	N 22h DATS THERE		NAME OF CEMETER - Loudon		k Went	22d. LOC	ATION (City, town,	ar county)	(State	and
100	23. FUNERAL DIRECTOR	ESSIGNATURE	3 nun	ADDRESS	m	d 240	REC'D BY REGIS		STRAR'S SIGNA	TURE	

AUDICAL EXAMINARY CERTIFICATE OF SEATH manbollo a TANK MARKET solution and some or all of it full DESCRIPTION OF THE PARTY OF THE \$245 P. S. S. S. SEE SANDAR SHEET SALE SHEET SHEET TA HE STATE OF A STATE OF . bu vele sees The state of the s STALL Dr. B. O. Thomas MPRIL 03 TEN THE RESIDENCE OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05678MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Rea, Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY Md. Balto. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Brunswick Lutherville director. 0 e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) with the registrar prior ON A FARM? retained for your files. 2 with the registrar price 613 Goucher Ave. YES T NO T NAME OF 4. DATE OF DEATH MayMonth **First** Middle 20 Doy 1958 Last Lester Gliedman (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 3 to the X Dodoy Male White Months Hours Min. WIDOWED | DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond puo pe Associate Prof. Psychiatry-J.H. Univ. New York State 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poge 5 may Pages 1, pages Rose Tobias Selig Gliedman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Give Mrs. Rose Gliedman, 541 Pelham Rd. New Rochelle World War PM3. 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]

ADDITIONAL WAS CAUSED BY. MULTIPLE fractures and injuries INTERVAL BETWEEN ONSET AND DEATH in Item 1 alang with farm IMMEDIATE CAUSE (o) a burial-transit 861X DUE TO Conditions, if ony, which) pencil gove rise to Immediate cause **DUE TO** (o), stoting the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PEOF ORMED? 00 CERTIFICATION NOF 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Airplanes collided in air ward . Exam 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not whiter Rural Frederick Md. 0 at work ot work ago 21. I certify that I taak charge of the remains described abave, held an Autapsy Inspection Accident N. Suicide . death resulted fram: Natural causes , Homicide . Undetermined cause certificate, w orwarded to the Chi DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER May 20, 1958 EXAMINER'S Dr. B.O. Thomas DEPUT cute the DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DAJE-THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D 8Y REGISTRAR 24b: REGISTRÁR'S SIGNATURE MAY 2 6 '58 VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessory, ple execute the certificate, and the word "pending" in pending its letter, 18. Give Pages 1, 2, and 3 to the funeral director, 4 shauld be forwarded. The Chief Medical Examiner's Office along with form PW3. regge 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a buvial-transit permit. File pages 1 and 2 with the State Board of Julia or its designated agent, prior to buvial, cremotian, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

05680

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•	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE 1
	b. CITY OR TOWN (If outside corporate limits, write EURAL ond give readest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
	Therement 8!	× Thourmont
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOW!
	3. NAME OF DECEASED First Middle	Lost OF Month Doy Year
	SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In year) I IF UNDER WEAR IF UNDER 24 HRS.
	male White WIDOWED DIVORCED	Jan. 61877 Bloom yrs. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS) during most of working life, even if principle of the	11. BIRTHRACE (Stote or Toreign country)
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Howard H. Hahn	Sarah Eiker
	15. WAS DECEASED EVER IN U. S. ARMÉD FÓRCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) III yes, give war or doles of tervice) 3/3-10-9431 8	NEGRMANT GOT Beier road
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTUVAL BETWEEN ONSUL AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Fracture Base	e of Skull i
V	Conditions, if ony, which) (b) Carales 1-1	9 months
	gove rise to immediate couse	DAME
	couse last. (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO AT
6	200. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I or Part mg item 18.)
		CE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
0	Hour p. m. 5/7 196 While Not while fock	ory, street, office bidg., etc.) Lamonant Frederick My
	21. I certify that I took charge of the remains described abo	ive, held on Autopsy . Inspection , Inquiry , ond in my
	opinion death resulted from: Notural causes , Accident	X, Suicide , Homicide , Undetermined monner
	SIGNATURE Bly Thomas	M.D. CHIEF MEDICAL EXAMINER D
2	EXAMINER'S B. O. Thomas	ASSISTANT MEDICAL EXAMINER () DEPUTY MEDICAL EXAMINER ()
	220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OPCEMETERY OR BUT 1 5-10-58 Tinited Broth	m
	DUFIEL 15-10-58 United Breth 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ern Cem. I nurmont, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S. SIGNATURE
	Raymond De Creager Thurmont, Mary	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, IN	
Mi)		5679 CERTIFICATE OF DEATH	Reg. Dist. No. 05682
<	1. 5	LACE OF DEATH COUNTY Redorick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE MORKING AND b. COUNTY).	Residence befare admission)
)	t	c. CITY OR TOWN (If autside carporate limits, write RURAL and give, nearest town) TREAD OF PICK C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RU 22 Hours 45 Ain 35 2 Runs Wick	RAL and give nearest lawn)
9	13	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION THE AREA REICK Memorial Hospital Sol Brian Swick The	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF SICEASED Type or print) NAME OF Lost OF DEATH Month OF DEATH OF	Day Year 22 1958
	5. 5		Manths Days Haurs Min.
	10a	USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (State ar fareign country) during most at warking life, even if retired)	12. CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. LOCAL Thomas	sino Alousa
ン		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) Addre	BRUNSWICK ST
		1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Full Minimum Annual Cause (b) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
		762.5 DUE TO Prestunt	
		gave rise to immediate casts (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	
2	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OR CONTR	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. P. m. 19 While Nat while at wark	(Caunty) (State)
		21. I certify that I attended the deceased fram 2 1 2 2 4 19 19 19 19 19 19 19 19 19 19 19 19 19	that I last saw the deceased
		ACTUAL SIGNATURE ADDRESS (Street, city or town, st	tote) DATE SIGNED
1		OUNCEPLANTS 17	Ca
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or REMOVAL (Specify) 3/23/1958	caunty) (State)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DAMAY 2 8 '58 DAMAY 2 8 '58	TRAR'S SIGNATURE
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be emotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND Frederick York b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lawn) Page buri and give pegrest town! -Brunswick Hamburg director. ₽ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the registror prior 00 retained for your files. 2 with the registror prie YES NO 50 NAME OF DECEASED First Middle Lost DATE Month Day funerol Year OF (Type or print) 20 58 Jessie DEATH Hunt 19 Mav 6. COLOR OR RACE 9. AGE |In years 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 3 to the lost birthday) Months Days Hours Min. WIDOWED [DIVORCED [Female White yrs. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Poge 5 may be r pup Plane Hostess U.S.A Ruffelo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Albert Hunt Mary West 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File IYes, no, or unknown! If yes, give war or dates of service! Give No PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH in Item 18. form PART I. DEATH WAS CAUSED BY: Multiple fractures and injuries miner's Office olong with form IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO [20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED_(Enter nature of injury in Part I ar Part II of item 1B.)

1 PD Lanes Collided in air Exami ploods ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) 3 5 factory, street, affice bldg., etc.) While Nat while at work he 1958 Frederick Rural Md. 21. I certify that I took charge of the remains described above, held an Autopsyll. Inquiry A. Inspection A forworded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes , Accident A, Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER May 20, 1958 B.O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) Dr. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City/ town, or county) (State) 2112 0 Townel 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS. A15ME(5) 26 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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in	d	NAME OF HOSPIT			ot in hospita	al, give street ac	ddress)	d. STREET AI	DDRESS	Drive				ON	SIDENCE A FARM?
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	5. S	Type or print)	6. COLOR OR	RACE 7.		TIZETTY □ NEVER MAI		DATE OF BIRTH		DEATH	9. AGE (In years jost, birthday)	IF UNDE			R 24 HRS. Min.
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	13.	FATHER'S NAME		30.0				14. MOTHER'S A							
		WAS DECEASED EV	Sme Iriz. /ER IN U. S. ARMI (If yes, give wor or d	D FORCE		CIAL SECURITY	NO. 17. IN	FORMANT	guera	a Luis	Address				
		18. CAUSE OF DEA	TH [Enter only o	ne cause (per line far	(a), (b), and (c)	.]						INTER	VAL BETWE	EN TH
		PART I. DEA	TH WAS CAUSED IMMEDIATE CAU	BY: SE (a)	Mult	tiple i	ract	ures ar	nd in	njuri	.es		Oltse	T AND DEA	
~		Conditions, if a	iny, which	(b)											
		(a), stating the cause last.	underlying	(c)			by all								130
2	CATION	PART II. OTI	HER SIGNIFICANT	CONDITI	IONS CONT	TRIBUTING TO D	EATH BUT N	OT RELATED TO 1	THE TERMII	NALDISEAS	E CONDITION GI	EN IN PA		PERFO	RMED?
	CERTIFI	20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING					nter noture of injud		I or Part II	of item 18.)				
10	MEDICAL	1: 405 ag m		y, Year 58	While w	Not while	facto	E OF INJURY (H	lame, farm, bldg., etc.)	20f. (City Ru	or town) ral Fi	oder reder	ounty)	Md	(State)
		21. I certify t	· ·	-		_	_				nspectian 🔼	-		and	ind that
		death resulted	from: Nati	ural cai	uses,	Acciden	E, Suid	ide 🔲, Ho	amicide	∐, U	ndetermined	cause [٦٠		
		ACTUAL SIGNATURE	BUT	lio	2000	as_	-	_M.D.		AMINER [DATE S	GNED
de		MANUE (Type)			homas	3				XAMINER X	The same of the sa	lay 2	20,	195	3
	220	BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE TO	JEREOF 1	8 22	C. NAME OF CE	uner	47/		22d, (OCA	ng Joseph	or county)	133	(State)
	23.	FUNERAL DIRECTOR	/	2		ADDRESS	mi			BY REGIST		STRAR'S S	1	RE	
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UTY MEDIC, he certificate rded to the ERAL DIREC navol.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writer the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chie director Section of the Chie director and Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Fage 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to buriant continuous.
5M 9/55

	o. COUNTY	derick		MARYLA	1 0	STATE Penns	Where deceased	b. COUNT		before admission)
		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (I	And in case of the last of the	te limits, write	RURAL and giv	s nearest fown)
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).	NAME OF DECEASED (Type or print)	& Ruth	st	Middle McNelty	Joh	Lost	4. DATE OF DEATH	Mav		Year
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k		ON (Give kind of work og life, even if retired)	-	ID OF BUSINESS OR INC	N N	ckeespor	t, Pa.	ry)	12. CITIZEN	OF WHAT COUN
3		lbert P. Mc	Neltv		14. MC	Kathryn		h Phase		
15 Ye		ER IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16. SC	OCIAL SECURITY NO.	7. INFORMA		BITZADE	Address		
	Conditions, if or gove rise to immed (o), stoting the couse lost.	inderlying DUE TO								
FICATION	PART II. OTH			TRIBUTING TO DEATH BI					EN IN PART 1(o	PERFORMED?
CERTIFIC	PRIMARY Tor CONCAUSE OF DEATH.	TRIBUTING	o. Describe F	IOW INJURY OCCURRED	. (Enter noit	re of injury in Por	f For Port II of it	lem 18.)		
	20c. TIME OF INJUI	Y Month, Day, Yea	20d. IN.	URY OCCURRED 20e.	PLACE OF IN	URY (Home, form	20f. (City or	lown)	(County)	161
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1. PLACE OF DEATH a. COUNTY	FREDERICK, FREDERICK,	MARY	1 0.5	TATE MARYI		d. If institution: Reb. COUNTY	ridence before ad	
b. CITY OR TOWN (I RURAL ond give ne	f outside corporate limits, write orest town) FREDERICK	c. LENGTH OF STAY		TITY OR TOWN (IF	The state of the state of	limits, write RURAL	ond give nearest t	own)
d. NAME OF HOSPIT OR INSTITUTION (EMPLOYEE	AL (If not in hospital, give street) HOME FOR THE			STREET ADDRESS 115 Reco	ord St.		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First MA UD I	Middle KEF	AUVER	Lost	4. DATE OF DEATH	Month MAY	Day 24.	Yeor 1958.
5. sex Female	White wow		o July	OF BIRTH 28, 189	00 6	7 yrs. 10		NDER 24 HRS.
10a. USUAL OCCUPATIO during most of work	ON (Give kind of work done 10b.	TRON, HOME			or fareign country DERICK C		USA .	AT COUNTRY
13. FATHER'S NAME	WILLIAM C. KA	RN	14. M	CORA W	HIPP.			
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO			1.)	Address 506,	Elm. Fre	derick.
PART 1. DEA 420.0 Conditions, if ar gove rise to in couse (o), storing lying couse lost.	DUE TO (b) AR DUE TO DUE TO (c)	TERIO-S	CUTEN		PRT DI	S.	ONSET A	BETWEEN ND DEATH
20g. ACCIDENT WA	ER SIGNIFICANT CONDITIONS	CRIBE HOW INJURY O					PART 1(a) 19. W. PEI YES	RFORMED?
OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. jr. p. m.	While	NJURY OCCURRED Not while k of work		NJURY (Home, farn eet, office bldg., etc		own)	(County)	(Stote)
alive on 20 ACTUAL SIGNATURE	charles H. Conl	and that	death occur		ADDRESS (Street,	e causes and city or town, stote)		ne decease ated abave DATE SIGNE
220. BURIAL CREMATION REMOVAL (Specify) BURKTTTSVT	5/27/58/	22c. NAME OF CEME UNION, H	ETERY OR CREMA BURKETTS	TORY	22d. LOCATION	(City, town, or cour		itote)
23. FUNERAL DIRECTOR' ROBERT E.	DAILEY & SON	ADDRESS FREDERIC	K. MARYI		D BY REGISTRAR AY 2 9 '58	246 REGISTRAR		

irector, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 Ital ar attending physician.
this certificate has been signed by the attending physician and campletely filled in by the fune for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld termation, ar remayal, and in any event within 72 hours after death. page 3 should be detached the registrar prior to burial, may be retained by the TO FUNERAL DIRECTOR:

C) page 3 should be detact

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH			-		2. USUAL RESIDENCE	CE (Where decea			nce bef	ore adm	issian)
" o. COUNTY	Frederick			MARYLAND	a. STATE Maj	ryland	b. COUNT	Fred	leri	.ck	
b. CITY OR TOWN JIF and give negrest town	autside corporate limits, write	RURAL	c. LENGTH OF	STAY IN 16	c. CITY OR TOW	N (If outside cor	porate limits, write	RURAL and	give n	earest ta	wn)
oria gire mediesi rown	Frederick		over 4	O yrs.	// Fre	ederick					
d. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in ho	spital, give street	oddress)	d. STREET ADDRE						RESIDENCE
639 Par	k Place				639	9 Park F	Place				NO K
3. NAME OF DECEASED	Fin	1	Mic	idle	Last	4. DATE OF	Month	h	Day	1	Year
(Type ar print)	Chester		R.	Kess	selring	DEATH	May	y I	L8th	1 1	19 58
S. SEX	6. COLOR OR RACE	731-MAPR	HPE MEYER N	MORISPES 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	the state of the s	-		ER 24 HRS.
Male	White	WIDOWI	ED KI - SON CE	米田神神	June 7-1871	4	83 уп.	Months	Days	Hours	Min.
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13. FATHER'S NAME					14. MOTHER'S MAID						8
Samuel K	esselring				Mary Po	offenber	rger				
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURIT	TY NO. 17. IN	FORMANT		Address				
No		2	14-10-59	95 Mr.	Wm. Clift	ford Kes	selring-1	Phila.	-Pa	. (Sc	on)
18. CAUSE OF DEA	TH [Enter anly one cau	se per line	for (a), (b), and	(c).]	7				INTER	VAL BETW	EEN
PART I. DEAT	H WAS CAUSED BY:		Afan	non	Lage_				0		
467.	DUE TO		0	4-		^			11	,	
Canditians, if a	ny, which) (b)		Laces	oleo	nof Si	rallo			He	ne	2
gave rise to immed (a), stating the	diate cause			Cars	7)		F1-141-				-
cause last.	(c)							18			
PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE T	TERMINAL DISEAS	SE CONDITION GIV	EN IN PAR		9. WAS PERFO YES-	AUTOPSY DRMED? NO
20g. EXTERNAL CAL PRIMARY G or COI CAUSE OF DEATH.	JSE WAS NTRIBUTING \$20	b. DESCRI	BE HOW INJURY	OCCURRED. (E	nter nature af injury in	Part I ar Part II	l af item 1B.)				
S 20c. TIME OF INJUI	RY Month, Day, Yea	2.0	INJURY OCCURR	fact.	E OF INJURY (Home,		y or tawn)	(Cau	inty)		(State)
20c. TIME OF INJUI Hour D. m.	. 19	Whi at w	le Nat while	g	ry, street, affice bldg.	, etc.)					
21. I certify th	at I taak charge	of the	remains des	cribed aba	ve, held an Aut	apsy PA, I	nspection K).	Inquir	y [X]	, and	find tha
death resulted	fram: Natural	causes	Acciden	nt [], Suid	cide, Hamid	cide, U	Indetermined o	-			
ACTUAL	01121	-0-			CHIEF MEDIC	AL EXAMINER	1			DATE	SIGNED
SIGNATURE	Vo un	1-1-1			_m.b.	EDICAL EXAMINI		,	,		
EXAMINER'S NAME (Type)	8.0. Th	2 711	03			CAL EXAMINER		5/21	13	-8	
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF	CEMETERY OR	CREMATORY	22d. LOCA	ATION (City, tawn,	ar caunty)		(Stal	te)
Burial	May 22-	58	Mt. Oli	vet Cer			derick-1			,	
23. FUNERAL DIRECTOR		1.	ADDRESS			REC'D BY REGIS	1 1 2 4 5	STRAR'S SIC	1		
C.E.Ch	ne & Son	11	Frederi	ck-Md.	DAT	E MAY 26	'58 \(\tu	is ea	uen		

BY STATE DEPARTMENT OF HEALTH STATE OF ALLTHOUGH 16 MATERIAL STREET, STREE 0 5 6 10x17.10 - gent to the Machine they been Electronic El Vigoro politica de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la compani Charles of the Commence of the second of the commence Tellion - International Property Last Con-G . 6 C 70 M . 1740 Chamber to be facilities and



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY MARYLAND Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) weeks Thurmont d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital YES NO Middle Lost 4. DATE Manth Day Yeor OF Mav 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last_birthday) Months Days WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Farm Equip. Maryland 14. MOTHER'S MAIDEN NAME Louisa Powell 17. INFORMANT 16. SOCIAL SECURITY NO Address -1909 Tolbert F. Lawver Thurmont. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while at work ot work 21. I certify that I attended the deceased from Upo 21 .. 1958, to My Cuy 19, 1958, that I last saw the deceased _, and that death occurred at 15 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

24a. REC'D, BY REGISTRAR

DATE

Thurmont, Maryland

24b. REGISTRAR'S SIGNATURE

PLACE OF DEATH

RURAL and give pearest town)

rederick

Frederick

Milton

White

during most of working life, even if retired)

William E. Lawver

PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6)

DUE TO

DUE TO

Day, Year

22b. DATE THEREOF

Blue

Thur ent

ADDRESS

ze Cem.

19

IS. WAS DECEASED EVER IN U. S. ARMED FORCES?

o. COUNTY

NAME OF

DECEASED

Male

Ne

5 SEX

(Type or print)

lachinist 13. FATHER'S NAME

14614X

Conditions, if any, which gave rise to immediate

coese (o), stoting the underlying couse lost.

20c. TIME OF INJURY Month.

Hour o. m.

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

should FUNER poge 0

Din zim manager, the state of the state Table Section (Value 1) Attribute

5.716 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Frederick MARYLAND Pennsylvani b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest lown) Rural -Brunswick Pittsburgh 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? b 80 Ordale Blvd YES NO NAME OF First DATE Middle Manth Day Year DECEASED Jack 1958 (Type or print) Levin DEATH 20 Mav retained for 2 with the r S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Min. Days Hours Male White WIDOWED | DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo puo Pe Pittsburgh, U.S.A 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME Poges Joseph Levin Minnie (Last name not given 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give war ar dates of service Give No 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH 0 Multiples fractures and injuries PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which olong gave rise to immediate cause DUE TO (a), stating the underlying cause last. 0 "pending" in iner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY SO ERFORMED? used NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF CEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Should I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Caunty) 20f. (City or tawn) (State) dicol factory, street, affice bldg., etc.) Not while the Rural Frederick Md. at wark at work 21. I certify that I took charge of the remains described obove, held an Autopsy X, Inspection X, Inquiry Kand find that cute the certificate, wire forwarded to the Chil death resulted from: Notural causes , Accident K, Suicide . Homicide . Undetermined couse ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER removal EXAMINER'S Dr. B. O. Thomas May 20. 1958 NAME (Type) DEPUTY MEDICAL EXAMINER 225 NAME OF CEMETERY DE CHEMATORY COM. 220. BURIAL, CREMATION, 22b. DATE THEREOE ... 22d_LOCATION (City, tawn, ar county) (State) EMOYAL (Specify) 0 In a **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. LEGISTRAR'S SIGNATURE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ay is necessary, director. Page certificate should TO DEPUTY MEDICAL

VS. A15ME(5)

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		MARIA CARANTAL AND		

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Item 16.Fi	1m G-228	5/12	158 CERTI	FICA'	TE OF DEATH	1		Reg. Di	st. No.	156	92
1. PLACE OF DEATH o. COUNTY	Frederic	2	MARY		2. USUAL RESIDENCE (Wh. STATE Marvland	ere deceased	b. COUNTY	oni Resider		re admiss	ion)
RURAL and give ne	f outside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF o		ote limits, write R			arest fown)
OR INSTITUTION	AL (If not in hospital, s Route # 1	ive street o	oddress)	3 7	Rural - /d. STREET ADDRESS Route #	Myers	<u>sville</u>				PARM?
3. NAME OF DECEASED (Type or print)	Fir	VIN	Middle T	-	EWIS	4. DATE OF DEATH	Mon M	ay	Do		Year 19 58
5. SEX male	6. COLOR OR RACE	7. MARR	DIVORCE	-	otober 19.	1884	9. AGE (In years last birthdoy) 73 yrs.	Months	Days		
Ret Merch	ON (Give kind of work ing life, even if retired	Gen	202		ry 11. BIRTHPLACE (Slobe) Frederic	or foreign co		12. CI	S.	A .	COUNTRY
13. FATHER'S NAME Ja	cob E. Le	wis			Celia An		rley				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. ervice) 2	SOCIAL SECURITY NO		ORMANT	4	Add. Myers		е.	Md .	
Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	the <u>under</u>	ge	nevalu	yed ATH BUT N	arterio.	discle	CONDITION GIV	/EN IN PAR	u	se was	MAN AUTOPSY
20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				(Enter noture of injury in P					PERFO	RMED? NO 4
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	20d. IN White of work	NOT while of work	20e. PLAC focto	E OF INJURY (Home, form, ry, street, office bldg., etc.	20f. (City	or town)	(County)		(Stote)
LA.	at I attended the ass. 3	. 19 <u>5</u>	8 11.	n_M.	occurred at 2 P	M, fram	the causes of the city or town,	and on t		te state	
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	N, 226. DATE THEREC		22c. NAME OF CEM	ETERY OR	CREMATORY e s N	22d. LOCATI	ION (City, town, o	le F			
23. FUNERAL DIRECTORS	S SIGNATURE B1ttle	1-1	ADDRESS Myersvill	Le,	Md DATE	BY REGISTR	2 158 C				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	HTAJO RO ST	CERTIFICA	4	
		page 1946	Action (September 2)	
			£ 5.00/100	
Or Cont.	man desired			
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MARYLAND STATE DEPARTMENT OF HEALTH—BASTIMORE, 18

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director, led with

D FUNERAL DIRECTOR: This certificate has been signed by the attending physician and campletely filled in by the fundage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. may be retained by the TO FUNERAL DIRECTOR:

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5718

CERTIFICATE OF DEATH

Reg. Dist. No. 5693

1, PLACE OF DEATH	rederick		MARYL		o. STATE Maryl		b. COUNTY		ence befo		sion)
RURAL and give	N (If outside corporate lime nearest town) rick-Rural RI		c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (I		rate limits, write f		give nec	arest taw	n)
d. NAME OF HO OF INSTITUTIO Near	SPITAL (If not in hospital, pon Rellow Spring	ive street	oddress)		d. STREET ADDRESS Yello	w Sprin	igs			ON A	SIDENCE A FARM? NO TO
3. NAME OF DECEASED (Type or print)	RO(HER	Middle WALLACE		LINTON	4. DATE OF DEATH	Mar	nth Maj	y l		Year 19 58
5. SEX Male	White	WIDOW			ATE OF BIRTH 4 July 189	1	9. AGE (In years last birthday) OO yrs.	Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS. Min,
10a. USUAL OCCUPA during most of Retired-I	ATION (Give kind of work working life, even if retired Lineman	dane 10b.	kind of Business or	INDUSTR'	Maryla	ote ar foreign co und	ountry)		USA	OF WHAT	T COUNTRY?
13. FATHER'S NAME Cornelius	Linton				4. MOTHER'S MAIDEN		. 70				
	EVER IN U. S. ARMED FOR	arvical	SOCIAL SECURITY NO.	17. INFO		31	3 S. Mar		St.,		
Conditions, i gave rise to cause (o), stati lying cause to			CONTRIBUTING TO DEAT	toss	of RELATED TO THE TER	RMINAL DISEASI	E CONDITION GIV	VEN IN PA	RT 1(o) 1	PERF	AUTOPSY DRMED?
	10		Nat while	Oe. PLACE	Enter noture of injury in OF INJURY (Home, fary, street, office bldg., e	arm. 20f. (City			(County)		(Stote)
21. I certify alive on	that I attended the		and that (eoth o	228 N. Ma	P_M, Non ADDRESS (SI arket St	n the causes of treet, city or town,	and on		te stat	
220. BURIAL, CREMA BUNIAL ASpec	1710N, 226. DATE THEREG)F	22c. NAME OF CEMET Pleasant H				TION (City, town, erick Cou			(Sto	
23. FUNERAL DIRECT	tor's signature tchison & Soi	ı, Fr	ADDRESS rederick, Mar	rylar		MAY 2 0	100 1 0	STRAR'S S	Bue	1/	

20-1958

Mt. Olivet Cemetery

ADDRESS

Frederick-Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

-19-1958

(Stote)

Days

U.S.A.

(County)

Frederick-Maryland

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

17th

Months

e. IS RESIDENCE

ON A FARM?

YES NO Y

Year

19

58

0 15M 9/55

Burial

FUNERAL-DIRECTOR'S SIGNATURE

CENTRE OF DEATH AND D				
Testa en Tues				
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05695 5719 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) FREDERICK MARYLAND WASH MARYLAND INGTON b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) BRADDOCK HEIGHTS WEEKS BENEVOLA RURAL d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? VINDABONA NURSING HOME YES NO NO BOONSBORO MD.R. NAME OF DECEASED n First 4. DATE Middle Last Month Yeor filled DEATHMAY (Type or print) CALVIN LUM 1958 19 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED campletely Months Doys Hours Min. WIDOWED THE DIVORCED | MALE yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RETTRED FARMER OWN FARM ANEYTOWN MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 0 to SAMUEL. MARY MCKINSEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address offending CALVIN A.LUM BOONSBORO MD. NO 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Q. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) day 260 X DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 0 ö 21. I certify that I attended the deceased from ...that I last saw the deceased alive an and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) FUNER BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) BOONSBORO WASH.CO.MD. BOONSBORO CENTRALES 0 23. EUNERAL DIRECTOR'S SIGNATUREA ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 10/57

director,

N.

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CERTIFICATE OF DEATH

		. 0	000				•		Reg. Dis	t. No.	
1.4	PLACE OF DEATH					. USUAL RESIDENCE (V	Where deceased		n: Residenc	e befare adm	ission)
	. COUNTY FY	ederick		MARYL	AND	o. STATE Mary	vland	b. COUNTY	Fred	lerick	
	b. CITY OR TOWN (I	f outside corporate limit	s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (I	f outside corpor	rote limits, write RU	RAL and g	ive nearest ta	wn)
	Frederick			6 Weeks		Walker	sville-	-Rural-R.	D.#1		
		AL (If not in hospital, g	ve street			d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
		Nursing Ho	ome			Near Mt	t. Plea	sant			NO 🗆
3.	NAME OF DECEASED	Fin		Middle		Last	4. DATE OF	Manti	1	Day	Yeor
	(Type or print)	ALI	AC	VIRG	INIA	MAIN	DEATH	Ma	У	7,	19 58
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED T NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost, birthdoy)		1 YEAR IF UN	
	Female	White	WIDOW	ED DIVORCED		anuary 29,	1884	74 yrs.	Months	Doys Haur	rs Min.
100	. USUAL OCCUPATIO	N (Give kind of work oring life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUSTI	Y 11. BIRTHPLACE (Sto	te or fareign co	ountry)	12. CIT	ZEN OF WH	AT COUNTRY
	Housework		H .	At Home		Mary	yland			USA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Samuel L. S	Smith	1		Ann Cath	nerine :	Lighter			
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.		ORMANT		Addre			
,,,,	No	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None	Mr.	P. Kieffer	r Main,	Walkersvi	lle F	l.D.#1,	Md.
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]						INTERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	CE	REBRAL HEMO	RRHA	Œ				ONSET 3	Days
	443X	DUE TO									0.53
	Canditians, if a		Hy	pertensive	Hear	t Disease				Year	rs
	gove rise to in couse (a), slating								VX		
	lying cause lost.) (c))								
NO O	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIVE	N IN PART	1(a) 19. WA	S AUTOPSY FORMED?
CAT										YES [
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CONTROL	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury i	n Part I or Port	t II of item 1B.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea			Oe. PLAC	E OF INJURY (Home, for ry, street, office bldg.,	rm, 20f. (City	or town)	(C	ounty)	(State)
MED	Haur o.m. p.m.	19	While of wor	k at work		.,, and					
	21. I certify th	at I attended the	deceas	ed fram		154 to	May	7. 1958	that I I	ast saw th	e decease
	alive on May				death o	ccurred at 8:41					
		1111-	1					treet, city or town, s			DATE SIGNE
	ACTUAL SIGNATURE	+t.V.	20	uoher	M	East Chu	reh Str	eet,		5/	9/58
	11 To 12 To										
	PHYSICIAN'S I	or. H. J. S	lush	er		Frederic	k, Mary	land			
220	BURIAL, CREMATIC		F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	TION (City, town, or	r county)	(\$1	tate)
	REMOVAL (Specify)	May 10,1	958	Mount Oli	ivet	Cemeterv	Fre	derick.		Mary	land
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. RE	C'D BY REGIST		TRAR'S SIC		
	M. R. Etch	nison & Son	, Fr	ederick, Mar	rylar	DATE !	MAY 1 2 ,	58 1 000	/	-1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the the price of the description.

TO FUNERAL DIRECTOR: At this certificate has been signed by the attending physician and campletely filled in by the fun page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FERS CERTIFICATE OF DEATH

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VS. A15ME(5) 5M 9/55

Item 18 Film 230 2-13-28 Ams DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05697

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	5 Trederick	636	MARYL	AND	2. USUAL RESI		Where deceas	ed lived. If Institu b. COUNT				ssion)
and give nearest town	outside corporate limits, write rederick	RURAL	c. LENGTH OF STAY IN	V 1b	c. CITY OR		of outside corp	oorate limits, write	RURAL ond	give n	eorest to	wn)
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			ospital, give street address) Nater Street		d. STREET A		Wisner	Street	2279		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Mitchel		Middle Lee	Mar	Lost nsfield		4. DATE OF DEATH	Month May	3]	Day		ear 9 58
5. SEX Male	6. COLOR OR RACE		WEDSET NEVER MARRIED ECC (1)			905		9. AGE (In years lost birthday) 53 yrs.		1 YEAR Days	Haurs	ER 24 HRS. Min.
Laborer 13. FATHER'S NAME		done 10b.	KIND OF BUSINESS OR IN	NDUST	West 14. MOTHER'S A	Vire	rinia NAME		12. CITI	U.S		COUNTRY
Mewtor 15. WAS DECEASED EVI [Yes. no. or unknown) No	n Mansfield ER IN U. S. ARMED FO Iff yes, give war or dates of	service)	5. SOCIAL SECURITY NO. 219-07-9509		FORMANT		l. Lutt	rell Address ederick-		and	H	
322.0 Conditions, if or gove rise to immed (o), stating the course lost.	diate couse underlying DUE TO	Ch.	live Condition of Alcoholic	sm	of RELATED TO 1	2		CONDITION GIVE	/EN IN PART			AUTOPSY
PART II. OTH 20g. EXTERNAL CAL PRIMARY G or CON CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRI	BE HOW INJURY OCCURR	ED. (Er	ter nature of inju	ury in Pa	ort I or Part II	of item 18.)	A	У	ES E	RMED?
20c. TIME OF INJUS Hour a. m. p. m.	RY Month, Day, Yeo	Whi		PLAC	E OF INJURY (H ry, street, office I	ome, for bldg., etc	m, 20f. (City	or town)	(Cou	nty)		(State)
ACTUAL SIGNATURE EXAMINER'S			remoins described ↑, Accident □,		M.D. CHIEF ME	omicid	EXAMINER CAL EXAMINE	_		, 121.	ond f	find that
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial		958	22c. NAME OF CEMETER Mt. Olivet		REMATORY	AEDICAL		ion (City, town, cederick—)		and	(State	a)
23. FUNERAL DIRECTOR	s signature	W,	ADDRESS Frederick-		rland		JUN 3	758 246 REGIS	STRAR'S SIG	natu	E	

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VS A15 (4) 15M 9/55 R.

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MARYLAND	STATE DEPART	MENT OF	HEALTH-BALTIMORE	18

5720 CERTIFICATE OF DEATH

Reg. Dist. No. 5698

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	o. STATE	ence (Where		If institution.	Frede	before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outsi	de corporote lin	nits, write RI	JRAL ond give	nearest town)
Rural- Frederick 6	mos.	// F	rederi	ck			
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	ess)	d. STREET AD		t Dieth	O.L		e. IS RESIDENCE ON A FARM?
Route 5		1	UO Eas	t Fifth	St.		YES NO X
3. NAME OF First DECEASED (Type or print) Charles F	Middle Henry 1	Masser	4.	DATE OF DEATH	Mon		Doy Yeor
01101109 1					May		
		9-9-187	3	y. AG	(In years birthdoy) 84 yrs.	Months Do	EAR IF UNDER 24 HRS. Dys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINE	O OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or f			12. CITIZE	N OF WHAT COUNTRY
Retired—Carpenter—Builder— F		Mary					.A.
13. FATHER'S NAME		14. MOTHER'S A	MAIDEN NAM	E			
Frederick Masser		Eli	zabeth	Klipp			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. I	NFORMANT			Addr	ess	
(Yes. no. or unknown) (If yes. give wor or dates of service) No	-18-8231 M	rs. Chas.	H. Ma	sser(Wi	fe) R	t. 5-Fr	ederick-Md.
18. CAUSE OF DEATH [Enter only one couse per line fo PART I. DEATH WAS CAUSED BY:	r (o), (b), and (c).]	Oto					INTERVAL BETWEEN ONSET AND DEATH
794X DUE TO	Jun	arry					- gro
Conditions, if ony, which gove rise to immediate (b)							
coese (a), stoting the under-							
lying couse last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONT	FRIBUTING TO DEATH BUT	NOT RELATED TO 1	THE TERMINAL	DISEASE CON	DITION GIV	EN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
i.							YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter noture of	injury in Port	I or Part II of i	tem 1B.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY White of work 19		ACE OF INJURY (He		20f. (City or tow	/n)	(Cour	nty) (State)
p. m. 19 of work	of work					+41.1-1	
21. I certify that I attended the deceased I	fram July	. 1955.	to m	lay 21	1958	that I las	t saw the deceased
alive an may 20 . 1958	7						date stated above
dive dil	, and mar deam	occorred d		RESS (Street, ci			DATE SIGNE
ACTUAL R. O W	1						5-22-5
SIGNATURE	aum	M.D	22	East Ch	uren 3	50.	3 - 2 2 - 0
PHYSICIAN'S NAME (Type) Dr. Rex R. Martin			Fre	derick.	Mary.	Land	
220. BURIAL, CREMATION, 22b. DATE THEREOF 220	c. NAME OF CEMETERY O	R CREMATORY		LOCATION (ity, town o	r county)	(Stote)
REMOVAL (Specify)	Rocky Spring			We of F		"	(31016)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a. REC'D BY		246 REGIS	TRAR'S SIGNA	
C. E. Cline + Son F	rederick-Mar	ryland	DATE	2 0 00	Cho-	reduce	

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	MARYLAI 57	21 CERTIFIC	NENT OF HEALTH ATE OF DEATH			699
	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	ere deceased lived. If institution b. COUNTY		
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Cullen	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write R	URAL and give neares	if town)
	d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	street oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) Tames	Middle Arthur McF	tost Kissick	4. DATE Man	th Doy	Year 19 58
5. 5		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH May 29, 189	7 9. AGE (In years lost birthday) 60 yrs.	Months Days	UNDER 24 HRS. faurs Min.
	b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Intenance Man	10b. KIND OF BUSINESS OR INDU Victor Cullen		or foreign country) Maryland	U.S	
	FATHER'S NAME James Sheridan McK WAS DECEASED EVER IN U. S. ARMED FORCES?		14 MOTHER'S MAIDEN N Cather	ame ine E. McCl		
Yes	III yes, give war or dares of service	219-36-4922 1		ne W. McKis	sick Sab	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 156.1 DUE TO	Con unom	of the Liv	wer	Q A D A	AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stoting the <u>under-lying cause last.</u> (b) DUE TO					
CATION	PART II. OTHER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING</u> TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV		WAS AUTOPSY PERFORMED? ES NO
CERTIFI	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injury in P	Port I or Port II of item 18.)		
MEDICAL	Hour o.m.	20d. INJURY OCCURRED 20e. P While Not while for work of wark	ACE OF INJURY (Home, farm, ictory, street, office bldg., etc.	20f. (City ar tawn)	(County)	(State)
	21. I certify that I attended the decalive an MSLLL D.		accurred at & 3	M fram the causes of ADDRESS (Street, city or town,		

PHYSICIAN'S Rebert A. Kiefer

220- BURMAL (Type)

220- BURMAL (Specify)

BUT 121

220- 58

B11

22c NAME OF CEMETER

22c. NAME OF CEMETERY OR CREMATORY
Blue Ridge Cemetery

Thurmont, Md.

Thurmont,

22d. LOCATION (City, town, ar county)

Maryland

(Stote)

Burial 5-20-58

23. FUNERAL DIRECTOR'S SIGNATURE

Raymond E. Creager

ADDRESS

240. REC'D BY REGISTRAR
DATE MAY 2 2 158

246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS

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L EXAMINER'S CERTIFICATE OF DEATH should be Ellmc229 5-29-58 et. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Frederick necessary, b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporale limits, write RURAL and give nearest town) and give nearest town? -Brunswick Markham director. 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS prior 00 files. 283h Stafford Avenue the registrar NAME OF DECEASED 4. DATE First Middle Last Month for your (Type or print) DEATH Paul Mever 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years low birthday) 2 with the Male White WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of waking life, even if retired) pup Philadelphia, Penna, ge 5 moy 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul E. Meyer Pages Freda (Last name not given Give Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) es 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). Multiple fractures and injuries perm Item 18. PART I. DEATH WAS CAUSED BY: farm IMMEDIATE CAUSE (o) **DUE TO** with 9 Conditions, if any, which) pencil gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY So 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) Airplanes collided in air should word 20c. TIME, OF JNJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 10 20-50 While Not while of work factory, street, office bldg., etc.) Rural 21. I certify that I took charge of the remains described above, held an Autopsy [A], Inspection [A], deoth resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined couse forwarded to the Chic ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Dr. E.O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 5/24/5 22c. NAME OF CENETETH ODGE MAY CREEK 0 REMOVAL ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05700

e. IS RESIDENCE

YES NO

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

19 58

Day

20

IF UNDER TYEAR

U.S.A.

Months

ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES T NO [(County) (Slote) Frederick Md. Inquiry X, and find that DATE SIGNED May 20. 1958 22d. LOCATION (City, lown, or county) (Stote) 0 24b. REGISTRAR'S SIGNATURE MAY 2 6 158

5M 9/55

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			and the second	
E Meyell, 1050			Britaning P.C. Thomas	

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please executed within 24 haurs after death. If any delay is necessary, please executed the certificate, with the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 3, should be for any percentage of the certificate factors. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial conditions.

5M 9/55

+	F 9		DICAL E			NT OF HEALT		DEATH	18	05	701
1. [PLACE OF DEATH	Items 2.7 Slerick	723		TLAND	2. USUAL RESIDENCE (-2=58 Where deces York	et sed lived. If institu b. COUNT			lmission)
	Rural	outside corporate limits, write -Brunsw AL OR INSTITUTION (I	ick	ENGTH OF STAY		c. CITY OR TOWN (I		porote limits, write	RURAL and g	69)	residen
					18)	95 Hampton				0	N A FAR
- 1	NAME OF DECEASED (Type or print)	Thomas	" Hen	ry Mo	orgs	an.	4. DATE OF DEATH	May	0.0	Doy	1958
5. S	Male Male	6. COLOR OR RACE White	7. MARRIED W	NEVER MARRIED		October 2, 1	921	9. AGE (In years last birthday) 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	Months Do	YEAR IF UN ays Haur	Min.
d	Supervisor FATHER'S NAME	g life, even if refired)	U. S.	Life In		New York 14. MOTHER'S MAIDEN	State	country)	U.S	A.	AT COUN
		Thomas Jone ER IN U. S. ARMED FO (If yes, give wor or doles of	RCES? 16. SOCIA	L SECURITY NO.	17. IN	Emily Minn	er	Address			
	V ~ / /										
TION	Conditions, if or gove rise to immed (a), stoting the couse lost. PART II. OTH	liote couse underlying DUE TO		UTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	WNALDISEAS	se Condition Giv	EN IN PART 1	PKRI	FORMED
CERTIFICATION	gove rise to immed (a), stoting the u couse lost.	ny, which liote couse DUE TO (c)	DITIONS CONTRIB			OT RELATED TO THE TERM			EN IN PART 1	(o) 19. WA:	S AUTOP FORMED?
	gove rise to immed (a), stoting the u couse lost. PART II. OTH 20a. EXTERNAL CAU PRIMARAM ar CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. 11.15 p	Ise WAS VY Month, Day, Yee May Solve to the state of th	A PESCEPT HOWARD TO BE SHOULD BE SHO	OCCURRED 2 Not while of work	TPde Oe. PLAC factor Air	E OF INJURY (Home, farry, street, office bldg., etc.	n, 20f. (Cit	of item 18.) y or tawn)	(Count	YES D	(Sta
CAL CERTIFI	gove rise to immed (a), stoting the u couse lost. PART II. OTH 20a. EXTERNAL CAU PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. 11:115 p. 2. 21. I certify th	Ise WAS VY Month, Day, Yee May Solve to the state of th	PESCEPT HOW 2012 INJURY While of work 1.	OCCURRED 2 Not while of work K	11de	E OF INJURY (Home, farry, street, office bldg., etc.)	m, 20f. (Cit	of item 18.) y or tawn)	(Count ederi Inquiry	YES D	FORMED: NO (Sta
CAL CERTIFI	gove rise to immed (a), stoting the couse lost. PART II. OTH 20a. EXTERNAL CAUPRIMARY OF A CONCAUSE OF DEATH. 20c. TIME OF INJURE Hour of the concause of t	ISE WAS ATRIBUTING 120 WAS Month, Day, Year Month, Month, Day, Year Month, Mont	PESCENDE HOLD PROPERTY A PESCENDE HOLD PROPERTY While of work of the remoind courses [],	OCCURRED 2 Not while of work K	11de	E OF INJURY (Home, farry, street, office bldg., etc. ve, held on Autops cide, Homicide	Rur XAMINER CALEXAMINI	y or tawn) •21 F'r nspection K, ndetermined c	(Count ederi Inquiry cause	YES TO YES TO YES	(State of the state of the stat
MEDICAL CERTIF	gove rise to immed (a), stoting the couse lost. PART II. OTH 20a. EXTERNAL CAUPRIMARY OF A CONCAUSE OF DEATH. 20c. TIME OF INJURE Haur of the concause of t	interpretation of the property	PESCENTIONS CONTRIBUTIONS CONT	OCCURRED 2 Not white of work X ins described	Oe. PLACE FORCE AIX AIX d obov.	E OF INJURY (Home, farring, street, office bldg., etc. ve, held on Autops cide [], Homicide _M.D. CHIEF MEDICAL E	Rur ZOF. (Cit Rur ZY X , I ZAMINER EXAMINER	y or tawn) val Fr nspection K, ndetermined c	(Count ederi	YES	(Sta (Sta)

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-26-58

River View

Brunswick. Maryland

FUNERAL poge 0 VS A1S (4)

23. FUNERAL DIRECTOR'S SIGNATURE

05702 Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
o. STATE Maryland b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE 710 Park Avenue ON A FARM? YES T NO T Month Year Day 50 19 IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? II.S Thomas Address Thorpe Falls Church Va. INTERVAL BETWEEN ONSET AND DEATH 巨石人 PERFORMED? YES INO (County) (State) 19.20 that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED (State)

Hancock. Maryland

24b. REGISTRAR'S SIGNATURE

24a. REC'D 8Y REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5688 CERTIFICATE OF DEATH

	5	688	CERTI	FIC	ATE OF D	EATH			Reg. Di		57	03
1. PLACE OF DEATH o. COUNTY	Frederick		MARY	LAND	a. STATE	rylan		lived. If institution b. COUNTY		eder		ion)
RURAL and give no	orest town)	s, write	c. LENGTH OF STAY	IN 1b		rown (If a		te limits, write R	URAL and	give nec	irest tawr	1)
d. NAME OF HOSPIT OR INSTITUTION 123	TAL (If not in haspital, g West Fift)				d. STREET A		t Fift	h Street	,			FARM?
3. NAME OF DECEASED (Type or print)	Fin Annie		Middle Naomi		Nikirk	t	4. DATE OF DEATH	Man		oo 26th	*	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. 海海 県 WIDOWI	HANNING KEED BY SOME SOME SOME SOME SOME SOME SOME SOME		8. DATE OF BIRTI		9	AGE (In years last birthday) 65 yrs.	Months	Days	Haurs	ER 24 HRS. Min.
Housewife	king life, even if retired)	one 10b.	Own Home	OR INDU	Mar	yland		intry)	12. CI		S.A.	COUNTRY
	. Sheffield						welty					
15. WAS DECEASED EVE [Yes, no, or unknown) NO	R IN U. S. ARMED FORG	rvice)	social security no		Win F. N	likirk	-910 M	otter Pl		Fred	eric	k-Md.
PART 1. DEA 763 X Canditions, if o gave rise to i caese (a), stating	mmediate (ne for (a), (b), and (c).	(0)	na b	20	Scen	ng			ERVAL BE	
PART II. OTH) (c) HER SIGNIFICANT CONI		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS PERFO YES	DRMEDA
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature o	f injury in P	ort I or Part i	I of item 18.)			1/8	
ZOc. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yeo	r 20d. II While at wor	NJURY OCCURRED Nat while at work	20e. PL fo	ACE OF INJURY (ctary, street, affice	Hame, farm, e bldg., etc.	20f. (City o	or town)	(Caunty)	Y	(State)
21. I certify the alive an	nat I attended the	deceas -, 125 ho,	-~	death	/, 19 <i>53</i> accurred at	4:45A	M, fram	et, city ar town,	nd an t		te state	
	Dr. E.P.Tho					Frede	rick-M	aryland				
22a. BURIAL, CREMATIC REMOVAL (Specify) Burial	May 28-19	58	Mt. Oliv				Fre	ON (City, tawn, o	d.		(Stat	e)
23. FUNERAL DIRECTOR	'S SIGNATURE W		ADDRESS Frederick-	Mary	land		BY REGISTR		. /	GNATUR	/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. VS A15 (4) 15M 9/55

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) IS RESIDENCE ON A FARM? PES NO P Month Year Day DEATH 19 0 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ireland INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO.D YES | 20f. (City or town) (County) (Stole) 19 5 that I last saw the deceased 151 M, fram the causes and an the date stated above. 22d. LOCATION (City, town, or county) (Stote)

24a. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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8 matian plucks PLACE OF DEATH Frederick a. COUNTY is necessary, b. CITY OR TOWN III outside corporate limits, write RURAL Page and give negres! town) por Rural Brunswick director. 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) registrar priar files. delay NAME OF First funeral far yaur DECEASED (Type or print) Nick Thomas 5. SEX the 2, and 3 to the be retained fand 2 with the WIDOWED T Male White May 13. FATHER'S NAME Pages 1, 5 Nick Oleferchik age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Give (6 Mos. PM3. permit. 18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: in Item 1 with form IMMEDIATE CAUSE (a) e alang with far a burial-transit **DUE TO** Canditians, if any, which pencil gave rise to immediate cause DUE TO (a), stating the underlying cause last. pending' in iner's Office o SD 20g. EXTENAL CAUSE WAS PRIMARY LI OF CONTRIBUTING CAUSE OF DEATH. Exami shauld ward Manth, Day, Year -2019 58 White Nat white the 3 death resulted fram: Natural causes ... forwarded to the Chie cute the certificate, ACTUAL SIGNATURE DEPUTY **EXAMINER'S** Dr. B. O. Thomas NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF REMOVAT (Specify) 0 ran ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND linois c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Chicago 8 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1848 West 23rd Street YES NO DATE Middle Month Day Year DEATH 19 58 Oleferchik May 20 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 24 HRS. IF UNDER TYEAR Months Hours DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Chicago, Illinois U.S.A. 14. MOTHER'S MAIDEN NAME Mollie Rutkowski 16. SOCIAL SECURITY NO. 17. INFORMANT Address Zefram Funeral Home, Chicago, INTERVAL BETWEEN ONSET AND DEATH Multiple fractures and injuries

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) Airplanes collided in air 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) factory, street, office bldg., etc.) Rural Frederick Md. 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection 7, Inquiry and find that Accident 1. Suicide . Hamicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER May 20. 1958 DEPUTY MEDICAL EXAMINER

> 22c. NAME OF GENETERY OR GREMATORY 22d. LOCATION (City, tawn, or county)

24a. REC'D BY REGISTRAR / 24b. REGISTRAR'S SIGNATURE

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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requires that the

o. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Braddock Heights 3 Years d. NAME OF HOSPITAL (If not in haspital, give street address) Vindobona Convalescent & Rest Home NAME OF (Type or print) Estella Lena Burkhardt 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White Female WIDOWED IX DIVORCED [during most of working life, even if retired) At Home House-work 13. FATHER'S NAME Joseph E. Staley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No vokno None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying cause lost. 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year Hour o.m. Not while at work at work 21. I certify that I attended the deceased fram. ACTUAL prior the registrar PHYSICIAN'S H. L. Fahrney, M. D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF Burial (Specify) 5-29-58 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

5727 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Frederick Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1003 Rosemont Avenue YES NOW X (Also Knownsids Stella Burdshardt Sanner Manth Doy Year 27, 1958 DEATH May Sanner B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years low birthday) Months 14 May 1876 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland USA 14. MOTHER'S MAIDEN NAME (Last Name Unknown) Clara A. C. 17. INFORMANT Address Mr. Staley V. Sanner (Same as Item #2) INTERVAL BETWEEN ONSET AND DEATH Renal Diego PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 1955, to May 27, 1958, that I last saw the deceased , and that death occurred at 3 P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 17 E. Second St. 28 May 1958 Frederick, Md. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Mount Olivet Cemetery Frederick, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland DATEJUN 2

VS A15 (4) 15M 9/55

Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		728 CERTIFIC	ATE OF DEATH	ALIMOKL, I	05703
1. PLACE OF DEATH G. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE Maryland	eased lived. If institutio	Reg. Dist. No. n: Residence before odmission) Frederick
RURAL ond give n	If outside corporate limits,		c. CITY OR TOWN (If outside		
d. NAME OF HOSPI	TAL (If not in hospital, given a Convalesce	re street address)	d. STREET ADDRESS		e. IS RESIDE ON A FA YES N
3. NAME OF DECEASED (Type or print)	First Ossie		Shankle 4. DA	ATE Mont	h Doy Year
s. sex Female		7. MARRIED	8. DATE OF BIRTH 9-12-1883	9. AGE (In years lost birthdoy) 74 yrs.	IF UNDER 1 YEAR IF UNDER 2 Months Days Hours
10a. USUAL OCCUPATION during most of wor Housew. 13. FATHER'S NAME	king life, even if retired)	Own Home	JSTRY 11. BIRTHPLACE (Stole or fore Virginia 14. MOTHER'S MAIDEN NAME	ign country)	U.S.A.
	B. Ponton ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	vice)	Mary Grant	Addre	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	See per line for (o), (b), and (c).] Cerebral	rin Dilatation Vernovolace		INTERVAL BETWONSET AND DE
gove rise to couse (a), stating lying couse lost.	the <u>under-</u> DUE TO (c)_	Carcho VI	Ascular Renal	Direin	who
PART II. OT	Wintra	1 7/	THO REDUTED TO THE TERMINAL DI	SEASE CONDITION GIVE	PERFORMI
0				D + 11 - 6 '4 10 1	
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH AND CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I o	r rort II of item 18.)	
20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 100 Hour a. m. p. m.	CAUSE OF DEATH	20d. INJURY OCCURRED 20e. Pi		(City ar town)	(County)
20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUIT Hour a.m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year	20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, 20f. 3 1, 1958, to May h occurred at 12.05%,	(City ar town) 1958 from the causes a ss (Street, city or town, s	,that I last saw the de

Mt. Olivet Cemeter ADDRESS Frederick-Maryland

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE

23. FUNERAL DIRECTOR'S SIGNATURE ON CECline of Son

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. page 3 shauld be detach may be retained by the TO FUNERAL DIRECTOR:

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FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate stacked be executed within 24 hours after death. If any delay is necessary, please execute the certificate, and the funeral director. Page 4 should be forwarded be chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your of FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the first or its designated agent, prior to burial, are mailion, ar removal, and in any event, within 72 hours after death. I

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VS.	Al	5M
5N	1 2	/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5720

Reg. Dist. NO.5711)

201	1, PLACE OF DEATH 0. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY The plant of the country of the c						
			derick		MARYL		Maryland Frederick						
	b	and give nearest town)	outside corporate fimils, write	RURAL	c. LENGTH OF STAY IN	N Ib	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Frederick						
ŀ	d		AL OR INSTITUTION (II	not in hose	pital, give street address)		d. STREET ADD		1100011	·OK		e. IS RESIDENCE	
	Highway-Rt.15- Frederick- (North)						/	ON A FARM? YES NO 1					
	- [NAME OF DECEASED Type or print)	William		Middle Sn	nith	Last		OATE OF DEATH	Month May	10	19 58	
	5. \$		6. COLOR OR RACE		OMBURNA MARIO		1 -		9. AGI	(In years irthday)	IF UNDER TYEA Months Days	R IF UNDER 24 HES.	
		Male	White	WHEN TO H	HERHERMAN	34	July 4-1	-/	The state of the s	2 yrs.			
	10o.	uring mast of working	ON (Give kind of work d g life, even if retired)	one 10b. K	IND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE	(Stote or fo	reign country)		12. CITIZEN	OF WHAT COUNTRY?	
		Farm Labo	rer				Pennsy	lvani	a		U.S	.A.	
	13.	FATHER'S NAME				1	4. MOTHER'S MA	IDEN NAME					
		John Smi	th				Viole	t Fai	יין				
1		WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17. INF	ORMANT	70 1 41		Address (-moones	stle-Pa.	
П	[Yes.	Yes	Waw 11		5-09-4016	Mrs	. Ruth H	loke F	217-300		ashingt		
1			Hadiles and			2114.	, Italia i	10110 1	- J//	D4 110			
			TH [Enter only and cause TH WAS CAUSED BY:	e per line i	ror (a), (b), ond (c).	.0		- 0			OI IN	TERVAL BETWEEN NSET AND DEATH	
-			IMMEDIATE CAUSE (a)	1	rolore	-10	ce of	Show	10				
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	н	gave rise to immed	liate cause	4	rushes	2	- takest						
		(a), stating the u	(c)_										
	2	PART II. OTH		ITIONS CO	NTRIBUTING TO DEATH	RUT NO	T RELATED TO THE	FTERMINIAL	DISEASE CONF	ITION GIVE	NI INI PART 1/-1	IN WAS AUTORSY	
	8	PACE III. WITH					. Keenleb 10 III	- TERMINAL	DISEASE COIN	ALLION OLVE	14 114 1 OKT 1(0)	PERFORMED?	
	5	DO PYTERLIA CAL	ice vive	2505000								YES NO 2	
	CERTIFICATION	PRIMARY OF OF CONCAUSE OF DEATH.	SE WAS	Luz	HOW INJURY OCCURR	ED. (Ent	er noture of injury	in Port 1 or	Port II of item	18.)			
	3	20c. TIME OF INJUR	Y Month, Day, Yeo	20d. II	NJURY OCCURRED 20e	PLACE	OF INJURY (Hom	e, form, 120	of. (City or tow	n)	(County)	(Sigte)	
	MEDICAL	Hour a.m.	5/10 19:	While of wor	rk ot wark	100lay	street, affice bld	g., elc.)	2. Homo	morek	Le Fr	rderiel	
		21. I certify th	at I took charge	of the r	emains described	above	e, held an A	utapsy [, Inspect	ion 🔼,	Inquiry V	, and in my	
		apinion death	resulted fram: N	latural c	ouses, Accide	ent 💆	, Suicide [], Hom	icide [],	Undeter	mined man	ner 🔲	
		ACTUAL SIGNATURE	BON	0	reta-		M.D. CHIEF MEDI	CAL EXAMIN	NER 🔲			DATE SIGNED	
			C 5 41				ASSISTANT	MEDICAL EX	AMINER [7]				
-		EXAMINER'S NAME (Type)	15. On 1	(d-)	nox		DEPUTY ME			5/1	"2/57	8	
	220	BURIAL, CREMATIO	N. 22b. DATE THEREO		22c. NAME OF CEMETER	Y OR C	REMATORY	22d.	LOCATION (C	ity, town, or	county)	(Stote)	
		Burial	May 11-19	258	Arlington N	Matic	nal Cem.		Arlingt	on T	Virgini	8	
	23.	FUNERAL DIRECTOR	S SIGNATURE	W.	ADDRESS			REC'DIN	-		RAR'S SIGNAT		
	(LE.CO	me y De	on	Frederick-	-Mar	rland o	\TE			J-W-LOLL		

MARYLAND STATE DEPARTMENT OF HEALTH- BARTHMORE. I

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05711

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

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1.	o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Traderick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Compared town) Compared town Compared town
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) First Middle Lost 4. DATE Month Doy Year OF DEATH May. 29 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Finale 1. Months Days Hours Min. 1. Months Days Hours Min.
	Oo. USUAL OCCUPATION (Give kind of work done done done done done done done done
1	John 7 Valentine Laura V Creager
	No 17. INFORMANT 17. INFOR
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying DUE TO
10044	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 19
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO PART II, OTHER SIGNIFICANT CONTRIBUTION GIVEN II 19, WAS AUTOPSY PERFORMED? YES NO PART II 19, WAS AUTOPSY PERFORMED.
MEDICA:	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work 19 of work 1
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined monner
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MAY 29, 1958 EXAMINER'S NAME (Type) 13 No. 742-25 DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
2	20. BURIAL CREMATION, Page 1 226. Date thereof Removalispegity) 8-1-58 United Brethern Cem. Thurmont, Maryland
2	Raymond E. Creager Thurmont, d. DAILN 2 '58

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VS A15 (4) 15M 9/55 CERTIFICATE OF DEATH

05712

g. Dist. No.

	56411				Reg. Di	57. No.
1. PLACE OF DEATH a. COUNTY Fred	lerick	MARYLAND	A STATE	Where deceased lived. I	COLUMN	rederick
b. CITY OR TOWN (If ou RURAL ond give neares Frederick	stride corporate limits, write st town)	c. LENGTH OF STAY IN 16		f outside corporate limite ederick	s, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (OR INSTITUTION Frederick Co	(If not in hospital, give street county Chronic	Hospital	d. STREET ADDRESS	East Seven	th Street	IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	First MARY	Middle AGNES	lost SPURRIER	4. DATE OF DEATH	May 19	Day Yeor 19 58
5. SEX 6. Female	White WIDOWE		B. DATE OF BIRTH April 4, 18	-lost b	In years IF UNDER Months yrs.	Days Hours Min.
10a. USUAL OCCUPATION (during most of working Housewife	(Give kind of work done 10b. life, even if retired)	At Home		eryland	12. CIT	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	· · · · · · · ·		
John	W. Layman		Catherin	ne Poole		
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If ye	es, give war or dates of service)		informant r. Rosco C. 1	purrie r -Sa	Address me as Item	m #2
PART I. DEATH IM 422. Conditions, if any, gave rise to imme cause (a), stating the lying cause tost.	ediate under- DUE TO (c)	roce r	lerosis	ites.		INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
CATIC	SIGNIFICANT CONDITIONS C	CRIBE HOW INJURY OCCURR				PERFORMED? YES NO M
	CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature or injury	in rail to rail it of he	11 10.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Year 20d. It While at world	Not while fo	ACE OF INJURY IHome, for actory, street, office bldg.,	erm, 20f. (City or town)	(1	County) (Stote)
21. I certify, that alive an THE	attended the decease 4 / 9 / 19 1		, 1928, to h occurred at 10:3 M.D. North Mar	ADDRESS (Street, city	auses and an t	last saw the deceased the date stated above DATE SIGNED 5/21/1958
	Dr. H. F. Klir			, Maryland		
220. BURIAL, CREMATION, BUT 121 (Specify)	22b. DATE THEREOF May 22,1958	Frederick Me	or CREMATORY morial Park	22d. LOCATION (Cit		Maryland
23. FUNERAL DIRECTOR'S SI	IGNATURE	ADDRESS		MAY 2 2 158	PAL REGISTRAR'S SI	GNATURE

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e, IS RESIDENCE ON A FARM? YES T NO

1958

IF UNDER 1 YEAR IF UNDER 24 HRS.

1. PLACE OF DEATH							
o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE Maryland b. COUNTY Frederick						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town X Rurial Burkittsville						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	/ d. STREET ADDRESS e. IS RESIDE ON A FA YES YES						
3. NAME OF DECEASED (Type or print) Myrtle Ruch	Staley 4. DATE Month Doy Yeo OF DEATH 5 1 19.						
5. SEX Female 6. COLOR OR RACE White Widowed Divorced	8. DATE OF BIRTH 5-10-1876 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Months Doys Hours H						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife Home	Pennsylvania U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Mary Martin						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address William T.Staley, Burkittsvikle, Md						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) Lulius 1	T NOT RELATED TO TRETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NED. (Enter noture of injury in Part I or Part II of item 18.)						
ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Nat while at wark of work	LACE OF INJURY (Home, form, closer, street, affice bldg., etc.) (City or town) (County)						
ACTUAL SIGNATURE SHAPE OF THE STATE OF THE S	h accurred at 2AM, from the causes and an the date stated ADDRESS (Street, fits or town state) AMD. AMD.						
NAME (Type)							
	RURAL and give neorest town) RITES (BURKITTSVILE) d. NAME OF HOSPITAL (If not in hospital, give street address) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE White Widowed Divorced D						

8 yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. tin Address rkittsvikle, Md INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO lem 18.) (County) (Stote) , 195%, that I last saw the deceased causes and an the date stated above. DATE SIGNED ity, tawn, or county) ersville, Md. 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF SEALSF-MAISMORE, TH

22c. NAME OF CEMETERY OR CREMATORY

Mt.Olivet

Brunswick, Maryland

Brunswick. Maryland

240. REC'D BY REGISTRAR

DATEMAY

22d. LOCATION (City, town, or county)

Frederick. Maryland

24b. REGISTRAR'S SIGNATURE

may be retained by the triple or attending physician.

TO FUNERAL DIRECTOR: this certificate has been signed by the attention page 3 shauld be delached for use as the burial-transit permit. Then ple

should

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certificate be

requires that the

VS A15 (4) 15M 9/55 PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

.G.F.Smith

220. BURIAL, CREMATION, 22b. DATE THEREOF

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VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5691 **CERTIFICATE OF DEATH** 05715

	000	~			keg. Dist. No.
1. PLACE OF DEATH 0. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Marvla	b. COUNTY	on: Residence before admission) Frederick
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	viside carporate limits, write Richards Fred	URAL and give nearest town)
OR INSTITUTION	PITAL (If not in hospital, give stree N rick Memorial Ho		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	William	Sylvester	Stine	4. DATE Mon OF DEATH MAY	th Day Year 21st. 19 5
5. SEX Male	White	EKONGANGANGANGANGANGANGANGANGANGANGANGANGAN	B. DATE OF BIRTH Oct. 22-1882	9. AGE (In years last birthday) 75 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
Retired-	TION (Give kind of work done lot orking life, even if retired) Carpenter), KIND OF BUSINESS OR INDU	Maryland		12. CITIZEN OF WHAT COUNT U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	P. Stine		Laura R		
(Yes, no, or unknown)	(If yes, give wor or dates of service)		NFORMANT Richard Willia	Addi Ms- Ridge Rd	BraddockHgtsMd
gave rise to cause (a), statin lying cause last	ng the under- DUE TO (c)	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES [] NO [
OR CONTRIBUTING	MAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in ('art I ar Part II of item 18.)	
20c. TIME OF INJU Hour a. m p. m	. While	- 1	ACE OF INJURY (Home, farm ictory, street, affice bldg., etc		(County) (State
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the deceded to the d	Thomas,	M.D. Pr		g. 5-22-
	100, 226. DATE THEREOF (b) May 23-1958	Mt. Olivet C		22d. LOCATION (City, town, o	
23. FUNERAL DIRECTO	OR'S SIGNATURE W.	ADDRESS Frederick-M	farvland 240. REC'	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

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1	1	1. [LACE OF DEATH		000	4		2. USUAL RESIDENCE (Where deceas	ed lived. If institu	,	TI.		ssion)
181				Frederick			'LAND	Mary			FF	eder		
	/	6	and give nearest tow		RURAL	c. LENGTH OF STAY	7 T T	c. CITY OR TOWN (porote limits, write	RURAL or	id give n	earest to	wn)
			NAME OF HOCH	TAL OR INSTITUTION (I	faction has	Lifetime		d. STREET ADDRESS	erick				1. 10 01	ESIDENCE
4	99			to Frederic				1	West C	hurch Str	reet		ON	A FARM?
		3.	NAME OF DECEASED	Fin		Middle	a	Lost	4. DATE	Month		Day		°58
		-	Type ar print)	George		David		Stull	DEATH	May)		7
		5. \$	M	6. COLOR OR RACE		NEVER MARRIES		July 5-1890		9. AGE (In years lost birthday) 67 yrs.	Months	Days	Hours .	ER 24 HRS. Min.
_		10a	USUAL OCCUPAT	ION (Give kind of work of ing life, even if retired)					e ar foreign c	ountry)	12. CI	TIZEN O	WHAT	COUNTRY
1	1	_	lachinist		Na	val Gun Fac	tory				U	S.A		
	1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		-		Carlton L.				Mary M	argare			100		
		(Yes	no. or unknown)	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		FORMANT		Address				
			Yes	W War 1		None	A.	B.Collmus-F	rederi	ck-Maryla	and			
				ATH [Enter only one cau ATH WAS CAUSED 8Y:	se per line							ONSE	T AND DE	EN ATH
		1		IMMEDIATE CAUSE (a)		Coronar	y th	rombosis	70.00					
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			Canditians, if		- 1	Artero-sc	Terc	tic heart	alse	ase				
			(a), stating the											
		-79	cause last.) (c).	NITIONIS CO	ANITAINITINE TO BEAT	11 0117 14	AT BELLTED TO THE						
	0	CATION	PARI II. O	THER SIGNIFICANT CONF	JIIIONS CC	DNIKIBUTING TO DEAT	H BUI NO	OI KELATED TO THE TERM	MINALDISEAS	E CONDITION GIV	EN IN PA		PERFO	RMED?
		CERTIFI	20a. EXTERNAL CAPRIMARY ar CC CAUSE OF DEATH	ONTRIBUTING	b. DESCRIB	E HOW INJURY OCCUP	RRED. (En	ter nature af injury in Pa	rt I ar Part II	of item 18.)				
		MEDICAL	20c. TIME OF INJU		While	1	Oe. PLAC	E OF INJURY (Home, far ry, street, affice bldg., et	m, 20f. (City	or town)	(Co	ounty)		(State)
		ì		hat I took chorge			d obov	e, held on Autop	sy 🗍 . It	spection X,	Inqui	ry X	and	find tha
			death resulted	d from: Natural	cause X	, Accident .	, Suic	ide [], Homicid	_	ndetermined o				,,,,
			ACTUAL SIGNATURE	13/17/10	2222	ds		M.D. CHIEF MEDICAL	XAMINER [DATES	1GHED
	2							ASSISTANT MEDIC	CAL EXAMINE	R 🔲		5/6/	58	
			EXAMINER'S NAME (Type)	B. O.Tho	mas,	M.D.		DEPUTY MEDICAL	EXAMINER T					
		22a	BURIAL CREMATI	ON, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, tawn, o	or county)		(State	0)
		-	Burial	May 8-19	58	Mt. Olive	t Cer	netery	Fre	derick	Man	cylar	nd	
0		23.	FUNERAL DIRECTO	·	1.	ADDRESS		24g. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATU	E /	-7
Cox		1	.E.CL	ine of sor	VF	rederick- 1	Mary]	land DATE	VARA	7 158	ngh	2 fall	ch-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

WARYLAND STATE DEPARTMENT OF HEALTH-HALLINGER, TE THE LANDSTONE EXAMINERS CENTUREATE OF DEATH.

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director, led with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the translated are attending physician.

TO FUNERAL DIRECTOR:

this certificate has been signed by the attending physician and campletely filled in by the fungage 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

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VS A1S (4) 1SM 9/SS

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1, PLACE OF DEATH o. COUNTY	rederick			MARYLAND			rylan	d b.	COUNTY	F	rei	eri	ck
b. CITY OR TOWN RURAL ond give r			c. LENG	TH OF STAY IN 16 TYPE	Y	c. city or town (porote limi RD		JRAL ond	give ned	arest town)
	TAL (If not in hospital,		oddress)) 112 e	1	d. STREET ADDRESS	9110	1 (1)			4		DENCE FARM? NOTE
3. NAME OF DECEASED (Type or print)	William F	Aar	on	Middle	S	tosi TULL	4. DATE OF DEAT		Mont		10		rear
S. SEX	6. COLOR OR RACE	7. MARI	RIED	EVER MARRIED	8. D/	ATE OF BIRTH		9, AGE	(In years birthday)			IF UNDE	
male	white	WIDOW	ED 🔲	DIVORCED	Ap:	ril 22.	1876	82	yrs.	Months	Days	Hours	Min,
10o. USUAL OCCUPATI during most of wor Carpent	rking life, even if retired	43		Business or INDI		11. BIRTHPLACE (SIGNATURE)		country)		12. CI		S . A	COUNTRY
13. FATHER'S NAME					14	. MOTHER'S MAIDE							
John	M. Stul	1				Mary E	. Eig	enbr	ode				
	ER IN U. S. ARMED FOI (If yes, give war or dares of	RCES? 16.			INFO	MANT			Addr		mon	t, M	ld. R
Conditions, if a gave rise to couse (o), stoling lying couse lost PART II. OI PART II. OI OO. ACCIDENT IN OO. ACCIDENT IN (IF EITHER, NOTIF	immediale DUE TO	object Ambitions, and a property of the proper	CONTRIBE	TING TO DEATH BU	ED (E	nter noture of injury	in Part I or P	Port II of it	(15C) em 18.)	Kem	ON:	PERFO YES	AUTOPSY RMED? NO
20c. TIME OF INJU Hour o. m. p. m.	19	While of wa	rk of v	while f	oclary,	OF INJURY (Home, for street, office bldg.,	etc.)		MC.		(County)		(State)
21. I certify to alive an Actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI REMOVAL Specify	ON. 22b. DATE THERE	12. 12h VKL	22c. N	and that deat Since Birth AME OF CEMETERY	M.D. RE OR CR	LY EMATORY	ADDRESS	am the (Street, cit	causes a y, or fown, c	and an state)		ite state	ed abave ATE SIGNE 3_/5_2
23. FUNERAL DIRECTO	R'S SIGNATURE			ted Bret	ne.		EC'D BY REG		24b. REGIS				
Raymond	E. Creag	er	TI	nurment.	Mo	DATE	MAY 2 7	'58	012	in or	111/6		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALLIMORE, 18.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5733 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. ND5719

	PLACE OF DEATH O. COUNTY FT	ederick		MARYI		o. STATE	ence (wheavyle		d lived. If institut b. COUNTY		deric		
	b. CITY OR TOWN (III	f outside corporate limi arest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	outside corpo	rote limits, write I	RURAL ond	give neares	t town)	
	Jefferson	-Rural-R.D.	.#1	Life		× Je	ffers	on-Ru	ral-R.D.	#1			
	d. NAME OF HOSPIT OR INSTITUTION Lander R	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS	r Roa				S RESIDENCE ON A FARM? ES NO	?
=								V					N
10	NAME OF DECEASED (Type or print)	Fir NEL		Middle VIRGII	NTA	THRASE		4. DATE OF DEATH	Mo	av	24	Yeor 1958	
5.	SEX	6. COLOR OR RACE		IED NEVER MARRIE		DATE OF BIRTH						UNDER 24 H	RS.
	Female	White	WIDOWE			pril 1,		5	9. AGE (In years lost birthdoy) 63 yrs.		Days H	ours Min	
A 0c	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	R INDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CIT	IZEN OF V	VHAT COUN	TRY?
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-	FATHER'S NAME			AU HOME		14. MOTHER'S		N			Ų.		_
						14. MOTHER 3	MINIDEIRI		D 0	a			
_		s E. Lakin						Flor	a B. Sou				
15. (Ye		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT			Add	lress		(35.1)	
	No	No	21	4-36-2496	Mrs	George	Edwe	ard Th	rasher-S	ame a	B Iter	n#1	
	18. CAUSE OF DEA	TH [Enter only one co	uje per ijr	for (o), (b), and (c).]	000						INTERV	AL BETWEEN	_
	PART I. DEA	TH WAS CAUSED BY:	G	nau an.	100	P Desa					ONSET	AND DEATH	1
	1120.1	IMMEDIATE CAUSE (o	700	war cy	CEL	ine	m					inc	
		DUE TO		0	1			_			12	61	
	Conditions, if or			Monar	4	zeeu	08"	3			2	946	3
	couse (o), stoting		7	1	6	D.	1-1	P			. /		
	lying couse lost.) (c	1 1	y Dellen	ang	5(4	use	are.		16	He	2
Ö	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 19.	WAS AUTOPS	Y
FICATION	TISS MUSE	Ul	res	uly								ERFORMED?	X
CERTIFI	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	RIBE HOW/NJURY O	CCURRED.	(Enter noture o	f injury in I	Port I or Por	t II of item 1B.)			8-7	
	20c. TIME OF INJUR		Inc. ii		20 21 - 21			1					
MEDICAL	Hour o.m.	Y Month, Doy, Yes 19	While of wor	Not while		E OF INJURY (I ry, street, office			or fown)	(4	County)	(510	fo)
		at I attended the	deceas		2/4	, 195	, ta	3	7/27, 196	S, that I	last saw	the deced	
	alive an	5/24	, 19	and that	death o	ccurred at	:00P	M. fran	n the causes	and on t	he date	stated ab	ave
		151	0,					ADDRESS (S	treet, city or town,			DATE SIG	
	ACTUAL /	1	7-1-	Darco	,	Jeffe	rson.	Marv	land		5/	26/58	
	SIGNATURE		7	You was	M.I	D							
	PHYSICIAN'S NAME (Type)	Dr. A. T.	Bric	•									
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)	
	Burial (Specify)	May 27,1	958	Reformed	Cemet	ery			Jefferso	n,	M	arylan	d
-	FUNERAL DIRECTOR			ADDRESS		10 15 1	24a. REC'	D BY REGIST	IRAR 24b. REG	STRAR'S SIG	GNATURE		
	M. R. Etch	ison & Son	Fre	derick, Ma	rvlan	d		2 7 '58		(1		
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VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death? Page 4

VS A15 (4) 15M 9/55 Reg. Dist. No.

				- 14									
1. PLA o. C	CE OF DEATH	rederick		MARYL		USUAL RESIDENCE O. STATE	100	yland	l lived. If institu b. COUNT	Υ	rede		
	URAL ond give ne Frederi		ts, write	c. LENGTH OF STAY IN	ч 1ь /	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick							
(OR INSTITUTION .	AL (If not in hospitol, g Memorial Ho			1	d. STREET ADDR		rth Me	arket St	reet			FARM?
	ME OF EASED be or print)	Fir ANI		Middle ELIZAE	BETH	T INNE	Z.	4. DATE OF DEATH		onth lay	Do 2		Yeor 19 5 8
5. SEX	male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED		arch 28,	188	7	9. AGE (In year last birthdoy) 71 yr	Months	The state of the s	Hours	ER 24 HRS. Min.
D	omest of work	N (Give kind of wark ing life, even if retired		t Home		Mary	rlan	d	ountry)	12. 0		SA.	COUNTRY?
13. FA1	HER'S NAME		Ch - 1			4. MOTHER'S MA			D4				
16 W/A		enjemin F.		SOCIAL SECURITY NO.	17. INFO		18. 35	****		Idress			
	or unknown) a l	If yes, give war or dates of s		18-30-9794		Charles	H.	Thoma		GC-1	R. D.	#3.	Md.
0		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) nmediate (DUE TO		ne for (o), (b), and (c).]	7	hrom	los	is			ONS	RVAL BE	DEATH
RTIFICATION	a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS	CONTRIBUTING TO DEAT						IVEN IN PA	ART 1(o) 1	PERFC	AUTOPSY PRMED? NO
<u></u>	Hour o.m.		While			OF INJURY (Hom y, street, office blo			or town)	2"	(County)		(State)
a	21. I certify that I attended the deceased fram 23, 1958, to 25, 1958, that I last saw the deceased alive an 1958, and that death occurred a 150Ae M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. Professional Building 5/26/58												
N.	1.777	r. B. O. T		8		Frederi	ick,	Mary.	land				
_ RI	URIAL, CREMATIO EMOVAL (Specify)	May 28		Mount Oli				_	TION (City, town			(Stot arvl	
23. FU	NERAL DIRECTOR	S SIGNATURE		ADDRESS derick Mar		24	o. REC'E	2 7 '58	TRAR 24b. REC	SISTRAR'S			

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	CREATE AND ADDRESS OF THE RESERVE				

Statement from Commission, Naroland

		5595	CERTIFICA	ATE OF DEATH			Reg. D	ist. No.			
1. PLACE OF DE.	Frederick		MARYLAND	2. USUAL RESIDENCE (WI	here deceased yland	lived. If institution b. COUNTY	Fred	nce before	re odmiss k	sion)	
b. CITY OR TO RURAL ond Frede	OWN (If outside corporate limgive negrest town)	nits, write	c. LENGTH OF STAY IN 16 Years	c. CITY OR TOWN (IF C	outside corpored		URAL ond	give nec	prest fow	n)	
OR INSTITU	HOSPITAL (If not in hospitol, JTION County Chr			d. STREET ADDRESS	13th 8	Street			e. IS RES	FARM?	
3. NAME OF DECEASED (Type or print)		rst RAH	Middle ROSEANA	UTTERBACI	4. DATE OF DEATH	Mon Ma		Do 2		Yeor 19 58	
5. SEX Female	ALL THE RESIDENCE AS THE PARTY OF THE PARTY	7. MARRIE	DIVORCED DIVORCED	8. DATE OF BIRTH May 16, 188	39	9. AGE (In years last birthday) 9 yrs.	Months	R I YEAR Doys	Hours	ER 24 HRS. Min.	
10o. USUAL OCC during most Housewo	UPATION (Give kind of work of working life, even if retired or kind of the control of the contro	done 10b. K		ISTRY 11. BIRTHPLACE (Stole	or foreign co	ountry)	12. CI	USA		COUNTRY	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN I	NAME				- 1		
	John L. Hab			Emmelin	ne Schi	iffler					
15. WAS DECEAS	ED EVER IN U. S. ARMED FO		OCIAL SECURITY NO. 17.	INFORMANT		Add	ress				
No	No	N	None Mi	Gary L. Uti	terback	Same as	ite	m #2			
Condition gove rise couse (o). !	to immediate DUE To stating the under-	o) \ 0 b) \ 0 (c) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ligerthemi	x neva				ONS S	ERVAL BI	DEATH	
2	II. OTHER SIGNIFICANT COL	new	2 left for	ED. (Enter noture of injury in			EN IN PA	KT 1(0)	PERFO YES	RMED?	
OR CONTRI	BUTING CAUSE OF DEATH		NOL JOHN HOOKI OCCORN	. (Emer notoro or mjory m							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 of work of work of work 19										(Stote)	
alive on_	21. I certify that I attended the deceased from 1950, to 21 May, 1950, that I last saw the deceased alive on 20 May, 1958, and that death accurred at 2:05A+M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED M.D. Walkersville, Maryland 5/23/58										
PHYSICIAN'	Dr. James E	. Ster	ner, Jr.								
220. BURIAL, CRI REMOVAL (BULLE	EMATION, Specify) May 23,		22c. NAME OF CEMETERY C			rion (City, town, cederick,			aryl		
	ector's signature Etchison & Sc	n, Fre	ADDRESS ederick, Mary	Land 240. REC	D BY REGIST 2 6 '58	RAR 24b. REG	STRAR'S SI	ENATU	RE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, may be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 15M 9/55 69

this certificate has been signed by the attending physician and campletely filled in by the funzar use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld remaitan, or removal, and in any event within 72 haurs after death.

page 3 shauld be detached for use as the burial-transit permit. the registrar priar to burial, crematian, ar remaval, and in any

Page 4

HEATE OF DEATH May 15, 1889 Change of the Straine of the state of I forting atoms of the best country of their Ward CS. I a to be made of their contributions. The state of the bonless & . eliteration on

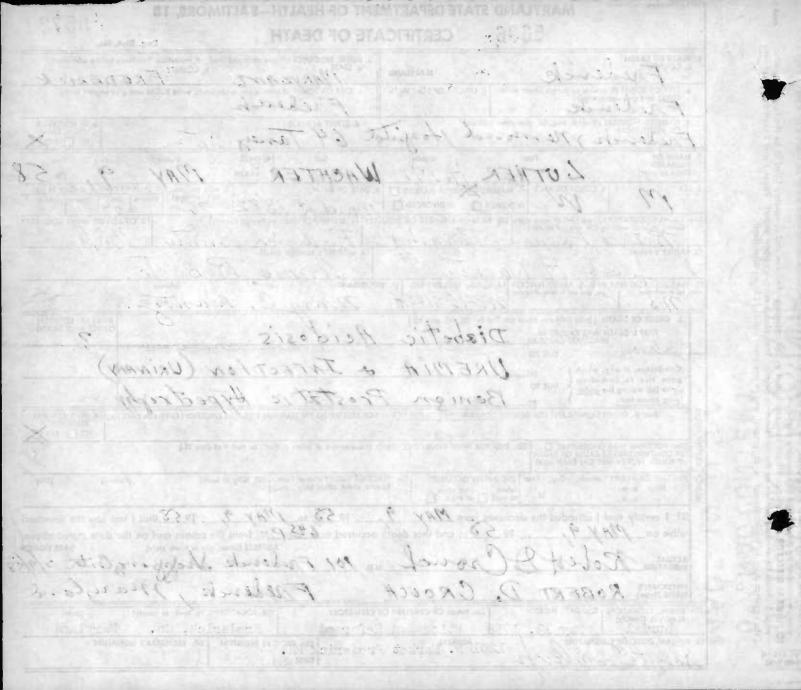
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1S (4) 15M 9/5S

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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5734	CERTIFICATE	OF DEATH

Reg. Dist. No. 05724

1	PLACE OF DEATH	ederick		MARY	LAND	2. USUAL RESIL	Md.	ere deceased	lived. If institu	TV	e before od	
7	b. CITY OR TOWN (IF RURAL ond give nec	outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b		OWN (If o	outside corpore	ote limits, write			
1	d. NAME OF HOSPITA		ive steam			1111111		TROMM			- 1	AFFECT TO SECOND
	OR INSTITUTION		rmont			Rt. 1		ont			0	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or print)	Eli.		Middle nius Wo	lfe	los	1	4. DATE OF DEATH		onth	Day	Yeor 19 58
S	. SEX	6. COLOR OR RACE		RIED NEVER MARRIE	рПІ	8. DATE OF BIRTI	Н		P. AGE (In year last birthday)	IF UNDER	YEAR IF U	NDER 24 HRS.
-	lale	Colored	WIDOW	ED DIVORCE		May 5-18	- 60		75 yr		Days Ho	urs Min.
1	during most of worki	ng life, even if retired	1	ish Hatche					d. Co.		ZEN OF WI	HAT COUNTRY?
/[1:	3. FATHER'S NAME			BRANKELLOOM	1111	14. MOTHER'S	MAIDEN N	IAME				
	Calvin A. Wolfe Ruth Anne Ricketts											
15	5. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY NO		NFORMANT				ddress		
No Mae Ambush Wolfe-Thurmont Rt. 1 Md.											d.	
	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (c	0	ore (ra)]	Thya	mbo	Dis			INTERVAL ONSET A	BETWEEN ND DEATH
	Conditions, if on gove rise to im coese (o), stoting Ill lying couse lost.	mediote ()									
CEPTIEICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	SIVEN IN PART	PE	AS AUTOPSY RFORMED?
		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter noture o	f injury in f	Port Lor Port	II of item 1B.)			
MAEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED Not while t of work	20e. PLA fac	ACE OF INJURY (I story, street, office	Home, farm bldg., etc.	20f. (City o	or town)	(Ce	ounty)	(State)
21. I certify that I attended the deceased from 1910, 191, to 1914, 1956, that I last saw alive an 1944, 1956, and that death occurred a 3: A M, from the causes and an the date ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE SCHOOL M.D.												
	PHYSICIAN'S NAME (Type)	R. B.O.	Thom	AS JR!	1	22	8 N	MAR	KES	STRE	et	
2	20. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC)F	22c. NAME OF CEME	TERY OF	R CREMATORY	331	22d. LOCATIO	ON (City, town	, or county)	(Stote)
I	Burial (specify)	May 17-5	8	Fairview				Frede	rick. M	ld.	-1	
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'I	D BY REGISTR	AR 24b REC	SISTRAR'S SIG	NATURE	4.5
L	Charles E.	Hicks 111	Fre	derick. Ma	ryla	nd	DATE	MAY 1 9	58	And In you		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE

ON A FARM?

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INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES NO X

> > (State)

(State)

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